

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

**APPLICATION
FOR
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Katharine Harris
Secretary of State
DIVISION OF CORPORATIONS

APPROVED
AND
FILED

00 NOV -9 PM 4:07

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # K69240

1. Corporation Name

LUSH LANDSCAPING & DESIGN, INC.

Principal Place of Business

Mailing Address

12664 40TH ST S.
LAKE WORTH FL 33467

12664 40TH ST S.
LAKE WORTH FL 33467



If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable		3. New Mailing Office Address, If Applicable		4. Date Incorporated or Qualified To Do Business in Florida 03/01/1989	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. FEI Number 65-0112566	
City & State		City & State		Applied For Not Applicable	
Zip	Country	Zip	Country	6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$8.75 Additional Fee required for a Certificate of Status	

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
PD	WOODY, DAVID	12664 40TH ST S.	LAKE WORTH FL
VD	WOODY, ANNETTE	12664 40TH ST S.	LAKE WORTH FL
STD	GWYNN, EVELYN	27 OHIO RD	LAKE WORTH FL
			100003489671--1 -12/06/00--01084--013 ***\$600.00 ***\$600.00
			100003489671--1 -12/06/00--01084--014 ***\$150.00 ***\$150.00

8. Name and Address of Current Registered Agent

WOODY, DAVID
12664 40TH ST S.
LAKE WORTH FL 33467

Name of New Registered Agent		
Street Address (P.O. Box Number is Not Acceptable)		
Suite, Apt. #, Etc.		
City	State FL	Zip Code

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.

Signature of Registered Agent

[Signature]
REGISTERED AGENT MUST SIGN

Date **10/13/00**

11. I certify that I am an officer or director or the receiver or trustee empowered to execute this application as provided for in chapter 607 or 617, F.S. I further certify that when filing this reinstatement application, the reason for dissolution has been eliminated, the corporate name satisfies the requirements of section 607.0401 or 617.0401, F.S., that all fees owed by the corporation have been paid and the names of individuals listed on this form do not qualify for an exemption under section 119.07(3)(i), F.S. The information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10/13/00 (521) 7983430
Date Daytime Phone #

CR2E040 (800)