

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT

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



DOCUMENT # L35691

1. Corporation Name

SUBURBAN WATER & LANDSCAPE COMP. INC.

Principal Place of Business

Mailing Address

1065 31ST ST. S.W.  
NAPLES FL 34117

1065 31ST ST. S.W.  
NAPLES FL 34117

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

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. Date Incorporated or Qualified To Do Business in Florida

12/08/1989

5. FEI Number

65-0181722

Applied For

Not Applicable

6.

CERTIFICATE OF STATUS DESIRED ☐

\$5.75 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
PST	DAVIS, TIM	1065 31ST ST S.W.	NAPLES FL 34117

600003032446-5  
-11/02/99--01070--006  
\*\*\*150.00 \*\*\*150.00

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

DAVIS, TIM  
1065 31ST ST S.W.  
NAPLES FL 34117

Name

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]*

Date

10-13-99

REGISTERED AGENT MUST SIGN

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.

KE

SIGNATURE:

*[Signature]*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

10-13-99

Daytime Phone #

941-455-8564

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**Brigid D. Soldavini CPA, P.A.**

Florida Department of State  
Division of Corporations  
Post Office Box 6327  
Tallahassee, FL 32314  
October 13, 1999  
Document # L35691

To Whom It May Concern,

Tim Davis, president of Suburban Water & Landscape, Inc., received this application for reinstatement. He has been incorporated for 10 years and has always brought us (his accountant) every piece of mail he receives for the corporation. He does not remember getting the annual report or the second notice for this year. Neither of the forms was brought to our office. Perhaps they were misplaced by one of the children after he moved out of the house.

He went through a divorce, bankruptcy, and had serious problems regarding his children this past spring, so he probably did not have his mind on his business as much as he ordinarily would have. For these reasons, we are requesting an abatement of the late filing penalty and ask that you please accept his check for \$150.00 for the 1999 fee.

Thank you very much for your assistance and cooperation.

Respectfully yours,

*Linda Hazel*

Linda Hazel  
Brigid D. Soldavini CPA, P.A.