

APPLICATION FOR REINSTATEMENT



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

FILED

00 DEC 12 PM 4: 00

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # L61088

1. Corporation Name

GARDEN LANDSCAPE & SOD, INC.

Principal Place of Business

Mailing Address

C/O JOEY LOGAN
9096 WEST PIONEER ROAD
WEST PALM BEACH FL 33411

C/O JOEY LOGAN
9096 WEST PIONEER ROAD
WEST PALM BEACH FL 33411



06/20/00 90014030 #150

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

9096 Pioneer Rd

9096 Pioneer Rd

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

03/26/1990

5. FEI Number

65-0184384

Applied For

Not Applicable

6.

CERTIFICATE OF STATUS DESIRED ☐

\$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)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
D, P	LOGAN, JOEY	9096 WEST PIONEER ROAD	WEST PALM BEACH FL 33411
LOGAN, CORINNA	LOGAN, CORINNA	9096 WEST PIONEER ROAD	WEST PALM BEACH FL 33411

000003524180 -- 1
01/05/01 - 01/04/01
*****600.00 *****600.00

REINSTATEMENT

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

LOGAN, JOEY
9096 WEST PIONEER ROAD
WEST PALM BEACH FL 33411

Name

Street Address (P.O. Box Number is Not Acceptable)

Suite, Apt. #, Etc.

City

State

Zip Code

FL

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

12/06/00

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]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

12/06/00

Daytime Phone #

CR2E040 (8/00)