

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE

Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

01 SEP 28 PM 3:28

DOCUMENT # **L69334**

1. Corporation Name **Emerald Landcare, Inc.**

2. Principal Office Address

7507 Miracle Ln.

Suite, Apt. #, etc.

City & State

Odessa, FL.

Zip

33556

Country

U.S.A.

3. Mailing Office Address

Same as #2

Suite, Apt. #, etc.

City & State

4. Date Incorporated or Qualified
To Do Business in Florida

Apr: 127, 1990

5. FEI Number

65-0201760

Applied For

Not Applicable

6.

CERTIFICATE OF STATUS DESIRED ☒

\$8.75 Additional Fee required
for a Certificate of Status

REINSTATEMENT 00-01

7. Name and Address of Current Registered Agent

Name

Sherril L. Myrick

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

19409 Hiawatha Rd

Suite, Apt. #, Etc.

City

Odessa

State

FL

Zip Code

33556

900004621409-5

-10/03/01-01029-085

*****308.75 ***308.75**

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.

Signature of
Registered Agent

Sherril Myrick

Date **9/5/01**

REGISTERED AGENT MUST SIGN

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

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
Pres.	Sherril L. Myrick	19409 Hiawatha Rd	Odessa, FL 33556

10. 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

Sherril Myrick

Date

9/5/01

Daytime Phone #

813-920-9141

CR2E081 (9/00)