

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

09 SEP - 3 AM 9:54

SECRETARY OF STATE
REGISTRATION FLORIDA

DOCUMENT # L93509

1. Corporation Name

GOPPERT'S LANDSCAPING & MAINTENANCE

800160304648
09/02/09--01031--011 **900.00

REINSTATEMENT CR2E081 (12/08) 08-09

2. Principal Office Address - No P.O. Box #
835 WEST 13TH STREET

3. Mailing Office Address
835 WEST 13TH STREET

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State
RIVIERA BEACH, FLORIDA

City & State
RIVIERA BEACH, FLORIDA

Zip Country
33404 USA

Zip Country
33404 USA

4. Date Incorporated or Qualified To Do Business in Florida
AUGUST 13, 1990

5. FEI Number 65-0181632 Applied For Not Applicable

6. CERTIFICATE OF STATUS DESIRED \$8.75 Additional Fee required for a Certificate of Status

7. Name and Address of Current Registered Agent

Name
DAVID R. SCHWARTZ

Street Address (P.O. Box Number is Not Acceptable)
6801 LAKE WORTH ROAD

Suite, Apt. #, Etc.
SUITE 330

City State Zip Code
GREENACRES FL 33467

The reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the reinstatement fee be waived.

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

REGISTERED AGENT MUST SIGN

Date 9-2-2009

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
P/S/T/✓	CHARLES J. GOPPERT	7315 VENETIAN WAY	WEST PALM BEACH, FL 33406

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 contained in Chapter 119, 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:

CHARLES J. GOPPERT

9-2-09

561-881-1178

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

9/4aw