


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM. *Page 1 of 2*

CORPORATION REINSTATEMENT

 **FLORIDA DEPARTMENT OF STATE**
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # M84567

1. Corporation Name
Dix Landscaping, Inc

2. Principal Office Address *same* 3. Mailing Office Address *change*
5800 Center ST **5800 Center ST**

Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State
Jupiter, FL **Jupiter, FL**

Zip Country Zip Country
33458 PB **33458 PB**

FILED
06 MAY 25 PM 2:18
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CR2E081 (12/05)

4. Date Incorporated or Qualified To Do Business in Florida

5. FEI Number **650089825** Applied For ☐ Not Applicable ☒

6. CERTIFICATE OF STATUS DESIRED ☐ \$375 Additional Fee required for a Certificate of Status

7. Name and Address of Current Registered Agent

Name **Violet Dix**

Street Address (P.O. Box Number is Not Acceptable)
5800 Center ST

Suite, Apt. #, Etc.

City **Jupiter, FL** State **FL** Zip Code **33458**

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

Violet Dix

Date

5/18/06

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
P	Violet Dix	5800 Center ST Jupiter, FL	Jupiter, FL 33458
VP	Arty Dix	5800 Center ST Jupiter, FL	Jupiter, FL 33458

B 5/30/06

REINSTATEMENT 04-08

500076206805
06/14/06--01043--010 **450.00

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:

Violet Dix **Violet Dix**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

5/18/06 (681) 747-9019

P. J. J. J.

*DIX Landscaping, Inc
5800 Center St.
Jupiter, Florida 33458
(561)747-9019 fax (561) 748-8257*

*Florida Dept Of State
Secretary of State
Division of Corporations*

Document # M84567

May 19, 2006

To Whom It May Concern,

After calling your office today I was advised to inform you that we moved from our previous mailing address and never received our renewal applications. We are please requesting our address change to be recorded I have looked it up and I did send in a change of address years ago. Enclosed you will find a check for the past years 2004, 2005, 2006 to reinstate @ 150.00 each year for a total of \$450.00. Thank you very much in handling our request.

Sincerely yours,

Violet Dix (Dix Landscaping, Inc.)

*Violet Dix
Dix Landscaping, Inc.
Management*

Designers

Consultants