

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

03 SEP 29 PM 12:43

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT #

M 84567

1. Corporation Name

Dix Landscaping, Inc.

2. Principal Office Address

5800 Center ST

3. Mailing Office Address

Suite, Apt. #, etc.

SAME

City & State

City & State

Jupiter, FL

Zip

Country

Zip

Country

33458 PB

600023403666

09/29/03-01086-010 ***1050.00

4. Date Incorporated or Qualified
To Do Business in Florida

6/08/88

5. FEI Number

650089825

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

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

9/14/03

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	Violet Dix	5800 Center ST	Jupiter, FL 33458
VP	Carey Dix	5800 Center ST.	Jupiter, FL 33458

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:

Violet Dix Violet Dix

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

9/14/03 (561)747-9019

Date

Daytime Phone #

CR2E081 (10/02)