

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

04 MAR -3 AM 11:46

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT #

M 86589

1. Corporation Name

Gandy's Nursery & Landscaping, Inc.

000029936160
03/05/04--01011--002 **150.00

2. Principal Office Address

311 E Ten Mile Rd.

3. Mailing Office Address

P.O. Box 507

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Pensacola, Fl. 32534

City & State

Gonzalez, Fl. 32560

Zip

Country

Zip

Country

**4. Date Incorporated or Qualified
To Do Business in Florida**

5. FEI Number

59-2899787

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

Margaret L. Gandy

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

311 E Ten Mile Rd.

Suite, Apt. #, Etc.

City

Pensacola, Fl. 32534

State

FL

Zip Code

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

Margaret L. Gandy
REGISTERED AGENT MUST SIGN

3-1-04 Date

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:	Margaret L. Gandy	311 E Ten Mile Rd.	Pensacola, Fl. 32534
V.P.	Katie Burkett	1590 Gilmore Rd.	Century, Fl. 32535
V.P.	Jeremy Grimes	1590 Gilmore Rd.	Century, Fl. 32535

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:

Margaret L. Gandy
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

3-1-04

Daytime Phone #

CR2E081 (01/04)