

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Glenda E. Hood
Secretary of State
DIVISION OF CORPORATIONS

FILED

03 OCT 21 AM 10:29

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P00000006917**

1. Corporation Name

COUNTRY CLUB LANDSCAPING & LAWN MAINTENANCE, INC

Principal Place of Business

Mailing Address

7131 NW 43RD AVENUE
COCONUT CREEK FL 33073-3142

7131 NW 43RD AVENUE
COCONUT CREEK FL 33073-3142



If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

4. Date Incorporated or Qualified
To Do Business in Florida

01/21/2000

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

65-0981074

Applied For

Not Applicable

City & State

City & State

Zip

Country

Zip

Country

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

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

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
P	SMITH, ALLEN F	7131 NW 43RD AVENUE	COCONUT CREEK FL 33073

600023969546
10/21/03--01060--016 **150.00

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

SMITH, ALLEN F
7131 NW 43RD AVENUE
COCONUT CREEK FL 33073-3142

Name

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

Suite, Apt. #, Etc.

City

State
FL

Zip Code

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S. or 617.0505, F.S.

Signature of
Registered Agent

[Signature]
REGISTERED AGENT MUST SIGN

Date

10/14/03

11. 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]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

10/14/03



7131 NW 43rd Avenue
Coconut Creek, FL 33073-3142
(954) 255-1748

To Whom it may concern:

As per my previous phone call on 10/16/03 we had never received our renewal, only a revocation form.
Please call 571-271-5855 for any further questions.

Thank you Allen F Smith Pres.