

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

Katherine Harris  
Secretary of State

DIVISION OF CORPORATIONS

FILED

02 FEB -6 AM 8:38

DOCUMENT # P00000009880

1. Corporation Name

THREE BROTHERS LANDSCAPING, INC.

Principal Place of Business

Mailing Address

11351 BOOKER T WASHINGTON BLVD  
MIAMI FL 33176

11351 BOOKER T WASHINGTON BLVD  
MIAMI FL 33176

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

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. Date Incorporated or Qualified  
To Do Business in Florida

01/28/2000

5. FEI Number

65-2874517

Applied For

Not Applicable

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
DPT	DAVIS, TYRONE	11351 BOOKER T WASHINGTON BLVD	MIAMI FL 33176
DVS	DAVIS, RICHARD	19900 FRANJO ROAD	MIAMI FL 33157

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\*\*\*900.00 \*\*\*900.00

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

JONES, CHARLES L  
9900 SW 168 STREET SUITE #9  
MIAMI FL 33157

Tyrone Davis

11351 Booker T Washington Blvd

Miami FL 33176

Name

Tyrone Davis

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

11351 Booker T Washington Blvd

Suite, Apt. #, Etc.

City

Miami

State

FL

Zip Code

33176

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.

Signature of  
Registered Agent

Tyrone Davis

REGISTERED AGENT MUST SIGN

Date

1/22/01

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:

Tyrone Davis Tyrone Davis 12/16/01 786-251-0751

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR20040 (8/01)