

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 10 AM 8:33

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # **P00000024674**

1. Corporation Name

**HEAVENLY LANDSCAPES, INC.**

Principal Place of Business

543 ATLANTIC BLVD.  
ATLANTIC BEACH FL 32233

Mailing Address

~~162 BELVEDERE STREET~~  
ATLANTIC BEACH FL 32233



REINSTATEMENT 03

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

2. New Principal Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

4. Date Incorporated or Qualified  
To Do Business in Florida

03/03/2000

5. FEI Number

NOT APPLICABLE

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
D	GAYNON, GLENN A	162 BELVEDERE STREET	ATLANTIC BEACH FL 32233

800023712528  
10/10/03 01072 005 \*\*150.00

8. Name and Address of Current Registered Agent

GAYNON, GLENN A  
162 BELVEDERE STREET  
ATLANTIC BEACH FL 32233

9. Name and Address of New Registered Agent

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

*Glenn A. Gaynon*

Date

REGISTERED AGENT MUST SIGN

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:

*Glenn A. Gaynon*


10/9/03 904-247-9211

10/9/03

Dear Sirs, I did not receive a Uniform  
Business Report in 2003 and therefore  
did not know to send in my fee's.  
I'm asking the reinstatement fee be  
waived because of this please.

I'm enclosing a ck for \$150<sup>00</sup>  
paying my fee's. Thank you & please  
call if there's any problems.

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Glenn A. Gaynon  
20/9/03