

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

03 NOV 20 AM 10:58

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**DOCUMENT # P00000040920**

1. Corporation Name

FLORIDA PALMS LANDSCAPING, INC

**REINSTATEMENT** 01-03

2. Principal Office Address

19 S. FORSYTH ROAD

Suite, Apt. #, etc.

3. Mailing Office Address

Suite, Apt. #, etc.

City & State

ORLANDO, FL

Zip

32807

Country

ORANGE

Zip

Country

4. Date Incorporated or Qualified  
To Do Business in Florida

04/20/2000

5. FEI Number

59-3656119

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

AL MESA FRANCO

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

5240 E. COLONIAL DR

Suite, Apt. #, Etc.

SUITE F

City

ORLANDO

State

FL

Zip Code

32807

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

Date 11-7-03

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
P/D	FARAH MERCEDES BARRERAS	19 S. FORSYTH RD	ORLANDO, FL 32807
VP/D	TAMMY D LIMA	19 S. FORSYTH RD	ORLANDO, FL 32807

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

11-7-03

Date

Daytime Phone #

CR2E081 (10/02)