

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



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

FILED

03 OCT 21 PM 4:37

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P00000089407

1. Corporation Name

FIRST CHOICE LANDSCAPING & NURSERY INC.

Principal Place of Business

10750 ANTHONY GROVES ROAD  
WEST PALM BEACH FL 33414

Mailing Address

10750 ANTHONY GROVES ROAD  
WEST PALM BEACH FL 33414



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

Stuart, FL

Wellington, FL

Zip 34997 Country

Zip 33414 Country

4. Date Incorporated or Qualified  
To Do Business in Florida

09/21/2000

5. FEI Number

65-1042391

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)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	
1	2	3	
<del>PSTD</del>	<del>LEE, JEFFREY C</del>	<del>10121 CALUMET LANE</del>	<del>LAKE WORTH FL 33467</del>
PSTD	Race, Christopher	1365 Beacon circle	wellington, FL 33414

REINSTATEMENT

8. Name and Address of Current Registered Agent

LEE, JEFF SR  
10121 CALUMET LN  
LAKE WORTH FL 33463

9. Name and Address of New Registered Agent

Name Christopher Race  
Street Address (P.O. Box Number is Not Acceptable)  
1365 Beacon Circle  
Suite, Apt. #, Etc.  
City Wellington State FL Zip Code 33414

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

REGISTERED AGENT MUST SIGN

Date

10/13/03

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Chris Race

Date

10/13/03

Daytime Phone #

561-722-2714

CR2E040 (7/03)

20821

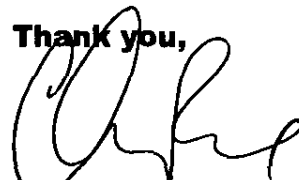
**FIRST CHOICE  
LANDSCAPING & NURSERY, INC.**

1365 BEACON CIRCLE  
WELLINGTON, FL 33414  
PHONE: 772-546-4603  
FAX: 772-546-4605  
CELL: 561-722-2794

**To whom it may concern:**

**I just purchased this company and had not received the packet for the uniform business report. I am enclosing my check for the renewal.**

**Thank you,**



**Chris Race**