

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

11 MAR 30 PM 4: 08

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # PDD0000098668

1. Corporation Name

Judson Conley Landscaping, Inc.

2. Principal Office Address - No P.O. Box #

2023 Greenway Drive

Suite, Apt. #, etc.

3. Mailing Office Address

2023 Greenway Drive

Suite, Apt. #, etc.

City & State

Sebring, Fla.

City & State

Sebring, Fla.

Zip

33870

Country

US

Zip

33870

Country

US

4. Date Incorporated or Qualified
To Do Business in Florida

10-18-2000

5. FEI Number

65-104683

☐ 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

Rhoades, Clifford R

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

227 North Ridgewood Dr.

Suite, Apt. #, Etc.

City

Sebring

State

FL

Zip Code

33870

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

REGISTERED AGENT MUST SIGN

Date 3-14-11

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
<u>PM</u>	<u>Conley, Judson A.</u>	<u>2023 Greenway Dr.</u>	<u>Sebring, Fl. 33870</u>
<u>D</u>	<u>Conley, Margarita C.</u>	<u>2023 Greenway Dr.</u>	<u>Sebring, Fl. 33870</u>

10. E-mail Address: judsonconley@gmail.com

(To be used for future annual report notification)

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., and that all fees owed by the corporation have been paid. I further certify, the information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

SIGNATURE:

Judson A. Conley

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-14-11

Date

563 4713 041

Daytime Phone #

21300