

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE

**Katherine Harris**  
Secretary of State

DIVISION OF CORPORATIONS

02 SEP -9 PM 12:00

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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-09/12/02--01001--020  
\*\*\*\*308.75 \*\*\*\*308.75

DOCUMENT # P00000102016

1. Corporation Name

GALVAN'S LANDSCAPE, INC

2. Principal Office Address

13593, 57<sup>th</sup> PLACE. S

Suite, Apt. #, etc.

City & State

LAKE WORTH, FL

Zip

33467

Country

U.S.A

3. Mailing Office Address

13593, 57<sup>th</sup> PLACE. S.

Suite, Apt. #, etc.

City & State

LAKE WORTH, FL

Zip

33467

Country

U.S.A

4. Date Incorporated or Qualified  
To Do Business in Florida

10.30.2000

5. FEI Number

#65-1049867

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

MICHAEL GALVAN

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

13593 57<sup>th</sup> PLACE SOUTH

Suite, Apt. #, Etc.

City

LAKE WORTH

State

FL

Zip Code

33467

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

*Michael Galvan*

Date 8.26.02

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	MICHAEL GALVAN	13593, 57 <sup>th</sup> PLACE. S.	LAKE WORTH, FL, 33467
VP	TANYA J. GALVAN	13593, 57 <sup>th</sup> PLACE, S.	LAKE WORTH, FL, 33467

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:

*Mike Galvan*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

8.26.02

Date

561 (791-1885)

Daytime Phone #

CR2E081 (9/01)