

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P00000108055

1. Corporation Name

GROUND PERFORMANCE LANDSCAPING INC.

FILED

01 OCT -2 PM 4:25

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

800004627388-6
-10/08/01--01079--014
****150.00 ****150.00

2. Principal Office Address 4832 Bass Point Road Suite, Apt. #, etc.		3. Mailing Office Address Suite, Apt. #, etc.	
City & State Orlando, FL		City & State	
Zip 32820	Country Orange	Zip	Country
4. Date Incorporated or Qualified To Do Business in Florida 11/17/00		5. FEI Number 59-3682973 Applied For Not Applicable	
6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/>		\$0.75 Additional Fee required for a Certificate of Status	

7. Name and Address of Current Registered Agent

Name

Taylor K. Patton

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

4832 Bass Point Road

Suite, Apt. #, Etc.

City

Orlando

State
FL

Zip Code
32820

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

Taylor K. Patton
REGISTERED AGENT MUST SIGN

Date 10-1-01

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	Taylor K. Patton	4832 Bass Point Road	Orlando, FL 32820

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)(c), 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:

Taylor K. Patton
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10-1-01

Date

407 466 1825

Division Phone #

AUSLEY & McMULLEN

ATTORNEYS AND COUNSELORS AT LAW

227 SOUTH CALHOUN STREET
P.O. BOX 391 (ZIP 32302)
TALLAHASSEE, FLORIDA 32301
(850) 224-9115 FAX (850) 222-7560
Writer's Direct Line: (850) 425-5457

PG 182

October 2, 2001

Secretary of State
Division of Corporations
409 East Gaines Street
Tallahassee, Florida 32302

VIA HAND DELIVERY

Re: Ground Performance Landscaping Inc.
Document #P00000108055

Dear Sir or Madame:

Enclosed are the Corporation Reinstatement form signed by an officer and the Registered Agent, a CR2E031, our client's letter requesting waiver of reinstatement fees for lack of receipt of the UBR, and our client's check in the amount of \$150.00 to cover the cost of reinstating this corporation to active status.

If you have any questions or need further information to file this document, please call me at 425-5457. I would appreciate your calling to let me know when the filed document is ready to be picked up, and I greatly appreciate your assistance in this matter.

Sincerely,

Donna Marie Walters

Donna Marie Walters,
Legal Assistant to Robert A. Pierce

/dmw

Enclosures

RAP\SEC STATE\SOS ltr 10.02.01 Ground Perf reinstate.doc
010190.51881

Robert A. Pierce/Donna Marie Walters
Ausley & McMullen

Requestor's Name

227 S. Calhoun Street

Address

Tallahassee, FL 32301

425-5457

City/State/Zip

Phone #

Office Use Only

CORPORATION NAME(S) & DOCUMENT NUMBER(S), (if known):

1. Ground Performance Landscaping Inc. P00000108055

(Corporation Name)

(Document #)

2. _____
(Corporation Name) (Document #)

3. _____
(Corporation Name) (Document #)

4. _____
(Corporation Name) (Document #)

☒ Walk in ☐ Pickup time _____

☐ Certified Copy

☐ Mail out ☐ Will wait ☐ Photocopy

☐ Certificate of State

RECEIVED
01 OCT -2 PM 12:05
TALLAHASSEE, FLORIDA
DIVISION OF CORPORATIONS
DEPARTMENT OF STATE

NEW FILINGS
Profit
NonProfit
Limited Liability
Domestication
Other

AMENDMENTS
Amendment
Resignation of R.A., Officer/Director
Change of Registered Agent
Dissolution/Withdrawal
Merger

OTHER FILINGS
Annual Report
Fictitious Name
Name Reservation

REGISTRATION/ QUALIFICATION
Foreign
Limited Partnership
<input checked="" type="checkbox"/> Reinstatement
Trademark
Other

Examiner's Initials