

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



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

FILED

03 DEC -8 PM 12:51

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # **P00000110061**

1. Corporation Name

**BETHEL'S TROPICAL LAWN MAINTENANCE, INC.**

Principal Place of Business

Mailing Address

1251 NE 82ND STREET  
MIAMI FL 33138

1251 NE 82ND STREET  
MIAMI FL 33138

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

Zip

Country

Zip

Country

4. Date Incorporated or Qualified  
To Do Business in Florida

11/28/2000

5. FEI Number

65-1058119

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) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
TD	BETHEL, ALESIA	210 FROW AVENUE	MIAMI FL 33133

700025329537  
12/08/03--01081--004 \*\*150.00

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

BETHEL, WILLIE MAE  
1251 NE 82ND STREET  
MIAMI FL 33138

Name

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

Suite, Apt. #, Etc.

City

State  
**FL**

Zip Code

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

*Alesia Bethel*  
REGISTERED AGENT MUST SIGN

Date *Dec 5-03*

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:

*Alesia Bethel*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

*Dec 5-03*

CR2040 (7/03)

Florida Department of State

I Did Not receive NO Prior Notices about  
This matter. The UBR Notices were Not received. This  
is my only Notice I am sending The \$150.00 reinstatement fee  
for Bethel's Tropical Lawn maintenance.

210 Snow Avenue

Miami FL 33133

Alexander Bethel