

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE  
Jim Smith  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

03 SEP 29 PM 3:43

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P01000003487

1. Corporation Name

PLANTATION LAWN MAINTENANCE AND LANDSCAPING, INC

Principal Place of Business

6415 18TH AVE E  
BRADENTON FL 34208

Mailing Address

6415 18TH AVE E  
BRADENTON FL 34208

If above addresses are incorrect in any way, line through incorrect information and enter correction below:

2. New Principal Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

4. Date Incorporated or Qualified  
To Do Business in Florida

01/02/2001

5. FEI Number

65-1064476

Applied For

Not Applicable

6.

CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required  
for a Certificate of Status



REINSTATEMENT

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
<del>D</del>	<del>WILCOX, DAVID W</del>	<del>6415 18TH AVE E</del>	<del>BRADENTON FL 34208</del>
Att/Sec Off/Dir	Provost, Michael D.	6415 18TH AVE E.	BRADENTON, FL 34208

000023400738  
09/29/03--01060--008 \*\*\$900.00

8. Name and Address of Current Registered Agent

WILCOX, DAVID W  
308 13TH ST W  
BRADENTON FL 34205

9. Name and Address of New Registered Agent

Name

MICHAEL D. PROVOST

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

6415 18TH AVENUE EAST

Suite, Apt. #, Etc.

City

BRADENTON

State

FL

Zip Code

34208

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

SIGNATURE REQUIRED

REGISTERED AGENT MUST SIGN

Date

9.15.03

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 REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

9.15.03

Date

941.747.3002

Daytime Phone #

CR2E040 (8/02)