

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

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**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # P01000027905

1. Corporation Name

Heartland Landscaping, Inc.

2. Principal Office Address

3327 Sparkling Dr.

Suite, Apt. #, etc.

3. Mailing Office Address

PO Box 4073

Suite, Apt. #, etc.

City & State

Sebring, FL

Zip

33870

Country

City & State

Sebring, FL

Zip

33871

Country

U.S.

CR2E081 (12/05)

4. Date Incorporated or Qualified  
To Do Business in Florida

3/14/2001

5. FEL Number

65-1105140

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 L. Cochlin

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

3327 Sparkling 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

*Michael L. Cochlin*

Date 3-17-06

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 L. Cochlin	3327 Sparkling Dr.	Sebring, FL

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 contained in Chapter 119, 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:

*Michael L. Cochlin*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-17-06

Date

863-381-2877

Daytime Phone #

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*David R. Singha, P.A.*  
Attorneys at Law  
8801 Dr. Martin Luther King Jr. Street North  
Saint Petersburg, Florida 33702  
727-327-3219

March 13, 2006

Department of State  
Division of Corporations  
Corporate Filings  
P.O. Box 6327  
Tallahassee, FL 32314

RE: Heartland Landscaping, Inc.  
P01000027905

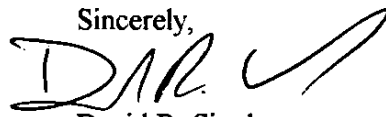
Dear Sir or Madam :

Enclosed please find an Application for Corporate Reinstatement for the above referenced Corporation. We kindly ask that the reinstatement fee be waived for this corporation because they have not received its annual report notifications since 2002.

A review of the Division of Corporations online images shows that somehow a change of address was entered for the corporation in the Division's records on March 20, 2002, however this was not done by the corporation and is not reflected in the 2002 annual report filed by the corporation. Accordingly, enclosed please find a check in the amount of \$600.00 which represents the \$150.00 annual fees for the years 2003, 2004, 2005 and 2006.

Also, please correct the mailing address in the divisions records to reflect the original mailing address of P.O. Box 4073, Sebring, FL 33871 and also the new principal place of business and registered agent address as reflected in the Application for Corporate Reinstatement.

Thank you for your understanding regarding this matter and if you have any question or need any additional information, please do not hesitate to contact me.

Sincerely,  
  
David R. Singha