

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



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

APPROVED  
AND  
FILED

03 OCT 21 PM 4:38

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P01000033771

1. Corporation Name

TERRASCAPE LANDSCAPING, INC.

Principal Place of Business

12647 SULLIVAN ROAD  
CLERMONT FL 34711

Mailing Address

P.O BOX 120906  
CLERMONT FL 34712-0906

*[Handwritten signature]*



REINSTATEMENT 2003

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

4. Date Incorporated or Qualified  
To Do Business in Florida

04/03/2001

Suite, Apt. #, etc.

12647 Sullivan Rd  
Clermont, FL

Suite, Apt. #, etc.

~~12647 Sullivan Rd~~  
Clermont, FL

5. FEI Number

59-3707922

Applied For

Not Applicable

Zip

Country

Zip

Country

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
PTS	MILLER, TERRI A	617 PARK VALLEY CIR.	CLERMONT FL 34711
<del>V</del>	<del>TOWER, MICHAEL D</del>	<del>301 N. OBSERVATORY LN.</del>	<del>ORLANDO FL 32835</del>
V	MILLER, TRACY C	12647 SULLIVAN ROAD	CLERMONT FL 34711

200023968618  
10/21/03 01057 005 \*\*750.00

8. Name and Address of Current Registered Agent

MILLER, TERRI A  
12647 SULLIVAN ROAD  
CLERMONT FL 34711

9. Name and Address of New Registered Agent

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

*[Handwritten signature: Terri A Miller]*  
REGISTERED AGENT MUST SIGN

Date

10/16/03

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:

*[Handwritten signature: Terri A Miller]*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

10/16/03

Daytime Phone #