

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



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

FILED

02 OCT 30 AM 7:57

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P01000047767

1. Corporation Name

HEC LANDSCAPING, INC.

Principal Place of Business

8826 HERITAGE BAY CIRCLE
ORLANDO FL 32836-5004
US

Mailing Address

P. O. BOX 692255
ORLANDO FL 32869-2255
US

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

05/14/2001

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5...FEI Number

Applied For

City & State

City & State

X 59-3730306

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)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
P	JOHNSON, HAROLD S	8826 HERITAGE BAY CIRCLE	ORLANDO FL 32836
V	JOHNSON, COREY B	8826 HERITAGE BAY CIRCLE	ORLANDO FL 32836
T	JOHNSON, ELEASE M	8826 HERITAGE BAY CIRCLE	ORLANDO FL 32836

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10/30/02--01048--014 **158.75

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

JOHNSON, HAROLD S
8826 HERITAGE BAY CIRCLE
ORLANDO FL 32836

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

SIGNATURE REQUIRED
REGISTERED AGENT MUST SIGN

Date 10-24-02

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

Date

Daytime Phone #

407-352-4060

HEC LANDSCAPING, INC
P. O. Box 692255
Orlando, Florida 32869-2255

Thursday, October 24, 2002

Florida Department of State
Jim Smith, Secretary of State
Division of Corporations
P. O. Box 6327
Tallahassee, FL 32314

Dear Mr. Smith:

Yesterday, I received a notice of administration dissolution or revocation. This is the first time I received such notice. I spoke to someone in your office. I am enclosing the form with \$150.00 check.

Please inform me, if there is anything else I need to do.

Sincerely,



Harold S. Johnson
President