

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

***CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

12 MAR 19 PM 1:23

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P01000072187**

1. Corporation Name

Islands landscaping and Design, Inc.

2. Principal Office Address - No P.O. Box #

5703 Red Bug Lake Rd.

Suite, Apt. #, etc.

372

City & State

Winter Springs, FL

Zip

32708

Country

3. Mailing Office Address

5703 Red Bug Lake Rd.

Suite, Apt. #, etc.

372

City & State

Winter Springs, FL

Zip

32708

Country

CR2E081 (11/10)

4. Date Incorporated or Qualified
To Do Business in Florida

07/23/2001

5. FEI Number

593738275

☐ 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

Raymond Shelly

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

1175 Trotwood Blvd

Suite, Apt. #, Etc.

City

Winter Springs

State

FL

Zip Code

32708

200225108512
03/19/12--01008--002 **1050.00

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

R Shelly

REGISTERED AGENT MUST SIGN

Date **3/12/12**

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
PO	Raymond Shelly	1175 Trotwood Blvd.	Winter Springs, FL 32708

MAR 19 2012

T. SCOTT

REINSTATEMENT 10-12

10. E-mail Address: **Rjwshelly@hotmail.com**

(To be used for future annual report notification)

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., and that all fees owed by the corporation have been paid. I further certify the information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

SIGNATURE:

R Shelly

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/12/12

Date

407-448-2108

Daytime Phone #