

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
04 JAN 15 PM 2:23
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # PO1000082914
1. Corporation Name
4 EVERGREEN LANDSCAPING, INC.

| | | | |
|---|----------------|----------------------------------|---------|
| 2. Principal Office Address 5815 NW 120TH TERRACE | | 3. Mailing Office Address | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | |
| City & State CORAL SPRINGS, FL | | City & State | |
| Zip 33076 | Country USA | Zip | Country |

REINSTATEMENT *OB*

| | |
|---|--------------------------------------|
| 4. Date Incorporated or Qualified To Do Business in Florida 10/01 | |
| 5. FEI Number 65-1132361 | Applied For Not Applicable |
| 6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$8.75 Additional Fee required for a Certificate of Status | |

7. Name and Address of Current Registered Agent

Name: **DARREN FROST**

Street Address (P.O. Box Number is Not Acceptable): **5815 NW 120TH TERRACE**

Suite, Apt. #, Etc.

City: **CORAL SPRINGS** State: **FL** Zip Code: **33076**

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: *[Signature]* Date: **1/07/04**

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 |
|--------|-----------------------------------|--|---------------------------|
| MR. | DARREN FROST | 5815 NW 120TH TERRACE | CORAL SPRINGS, FL., 33076 |
| | | | |
| | | | |
| | | | |

200026987832
01/15/04--01010--008 **150.00

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 under section 119.07(3)(l), 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]* Date: **1/07/04** Daytime Phone #: **954-326-5600**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

TR

CR2E081 (10/02)

4 EVERGREEN, INC.

5815 NW 120TH TERR./ CORAL SPRINGS, FLA. 33076/(954)326- 5600

**To: Department of State, Division of Corporations
From: Darren Frost, President, 4 Evergreen Landscaping Inc.
Date: 1/07/04**

In early 2003 I moved my home/business address to another location. I forwarded my mail but still did not receive any correspondence from the state regarding my corporation. As a result, my corporation was dissolved because I did not fill out an annual report. My company/corporation is only 2 years old and I was completely unaware of this report. I realized my corporation was dissolved earlier this month when I applied for worker's compensation. Below is my current address. Please contact me if, in fact, I do need to pay a reinstatement fee. My daytime phone number is 954-326-5600. Thank you for your attention to this matter.

**4 Evergreen Landscaping, Inc.
5815 NW 120th Terrace
Coral Springs, Fl. 33076**

FROS403 330763312 1405 04 10/02/03
NOTIFY SENDER OF NEW ADDRESS
FROST
5815 NW 120TH TER
CORAL SPRINGS FL 33076-4004

