

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

1072

APPLICATION  
FOR  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

Glenda E. Hood  
Secretary of State

DIVISION OF CORPORATIONS

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

03 NOV 14 AM 8:00

DOCUMENT # P01000105361

1. Corporation Name

PRO GREEN, INC. OF GAINESVILLE

Principal Place of Business

Mailing Address

3865 N.W. 38TH PLACE  
GAINESVILLE FL 32606

3865 N.W. 38TH PLACE  
GAINESVILLE FL 32606



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

10/31/2001

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

59-3728235

Applied For

Not Applicable

City & State

City & State

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
PD	BUSH, CRAIG	3865 N.W. 38TH PLACE	GAINESVILLE FL 32606
SD	BUSH, TERRI	3865 N.W. 38TH PLACE	GAINESVILLE FL 32606
TD	PISANO, JOHN	4521 N.W. 28TH TERRACE	GAINESVILLE FL 32605

500024654045  
11/14/03--01004--005 \*\*150.00

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

PISANO, JOHN  
4521 N.W. 28TH TERRACE  
GAINESVILLE FL 32605

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]*  
REGISTERED AGENT MUST SIGN

Date

11-10-03

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:

*[Signature]*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

John David Pisano

Date

11-10-03

392-378-0069

CR2E040 (7/03)

10/31/03

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TO WHOM IT MAY CONCERN,

OUR COMPANY WAS NEVER NOTIFIED BY MAIL  
PRIOR TO RECEIVING DISSOLUTION OF  
CORPORATION CERTIFICATE; PER YOUR CORRESPONDENCE  
A REINSTATEMENT FEE CAN BE WAIVED IF  
THE CORP. DID NOT RECEIVING THE TWO PRIOR  
U P R NOTICES, WHICH WE DID NOT.  
ADDRESSES LISTED ARE CURRENT AND CORRECT.  
ENCLOSED IS A CHECK FOR 150.00 TO  
FILE REPORT.

THANK YOU.

Jerrin Bush