

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

03 NOV 18 PM 3:37

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT #

PO1000189488

1. Corporation Name

Professional Landscaping, Inc.

2. Principal Office Address

4411A Bridget Lane

Suite, Apt. #, etc.

City & State

Pensacola, FL

Zip

32526

Country

Escambia

3. Mailing Office Address

P.O. Box 37265

Suite, Apt. #, etc.

City & State

Pensacola, FL

Zip

32526

Country

Escambia

REINSTATEMENT

03

**4. Date Incorporated or Qualified
To Do Business in Florida**

11/14/2001

5. FEI Number

95-4893254

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

DAVID C POOLE

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

4411A Bridget Lane

Suite, Apt. #, Etc.

500024187345

10/28/03--01011--027 **750.00

City

PENSACOLA

State

FL

Zip Code

32526

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]

REGISTERED AGENT MUST SIGN

Date

11/14/03

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
D	Poole, David C	4411A Bridget Lane	Pensacola, FL 32526

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)(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

Date

11/14/03

Daytime Phone #

CR2E081 (10/02)