

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

1082

APPLICATION  
FOR  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE  
Glenda E. Hood  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

03 OCT 23 PM 4:42

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P01000122199

1. Corporation Name

MOUNTCASTLE LANDSCAPE, INC.

Principal Place of Business

Mailing Address

3448 ARTESIAN DRIVE  
LANTANA FL 33462

3448 ARTESIAN DRIVE  
LANTANA FL 33462



400024054764  
10/23/03--01075--028 \*\*150.00

03

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

5604 2ND. RD.  
Suite, Apt. #, etc.

3. New Mailing Office Address, If Applicable

5604 2ND. RD.  
Suite, Apt. #, etc.

4. Date Incorporated or Qualified  
To Do Business in Florida

01/01/2002

5. FEI Number

593392866

Applied For

Not Applicable

City & State

Lake Worth, FL

City & State

Lake Worth, FL

Zip

33467

Country

U.S.A.

Zip

33467

Country

U.S.A.

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
PSD	MOUNTCASTLE, BRIAN E	<del>3448 ARTESIAN DRIVE</del> 5604 2ND. RD.	<del>LANTANA FL 33462</del> Lake Worth, FL 33467
VTD	MOUNTCASTLE, ANN-MARIE M	<del>3448 ARTESIAN DRIVE</del> 5604 2ND. RD.	<del>LANTANA FL 33462</del> Lake Worth, FL 33467

REINSTATEMENT

8. Name and Address of Current Registered Agent

~~SPIEGEL & UTRERA, P.A.~~  
~~1840 SW 22ND ST.~~  
~~4TH FLOOR~~  
~~MIAMI FL 33145~~

9. Name and Address of New Registered Agent

Name ANN-MARIE MOUNTCASTLE  
Street Address (P.O. Box Number is Not Acceptable)  
5604 2ND. RD.  
Suite, Apt. #, Etc.  
City LAKE WORTH State FL Zip Code 33467

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

Ann Marie Mountcastle

REGISTERED AGENT MUST SIGN

Date 10-16-03

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:

Ann Marie Mountcastle

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

10-16-03

Daytime Phone #

(561)  
434-9094


CR2E040 (7/03)

2082

To whom it may concern,

Mountcastle Landscape Inc. did not receive any prior UBR notices and we are asking that the reinstatement fee please be waived. Enclosed is a check for \$150.00 to file the report for a for-profit corporation. Thank you.

Sincerely,

A handwritten signature in cursive script that reads "Ann-Marie Mountcastle".

Ann-Marie Mountcastle  
Mountcastle Landscape, Inc.