

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

Wob-10050

DOCUMENT # P02000020741

1. Corporation Name

Landscape Maintenance of Collier, Inc.

2. Principal Office Address

4825 Green Blvd.

Suite, Apt. #, etc.

City & State

Naples, FL

Zip

34116

Country

Collier

3. Mailing Office Address

4825 Green Blvd.

Suite, Apt. #, etc.

City & State

Naples, FL

Zip

34116

Country

Collier

REINSTATEMENT

4. Date Incorporated or Qualified
To Do Business in Florida

02/2002

5. FEI Number

02-0567939

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

Crispin Trujillo / Landscape Maint. of Collier, Inc.

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

1710 Sunshine Blvd.

Suite, Apt. #, Etc.

City

Naples

State

FL

Zip Code

34116

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

Crispin Trujillo / president

REGISTERED AGENT MUST SIGN

Date

2/22/06

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.	Crispin Trujillo / President	4825 Green Blvd.	Naples, FL 34116

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 contained in Chapter 119, 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:

Crispin Trujillo

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

2/22/06 (239) 352-4943

Daytime Phone #