

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

09 AUG 17 AM 8:01

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P02000020741

1. Corporation Name

LANDSCAPE MAINTENANCE OF COLLIER, INC.

2. Principal Office Address - No P.O. Box #

4825 GREEN BLVD

Suite, Apt. #, etc.

City & State

NAPLES FL,

Zip

34116

Country

USA

3. Mailing Office Address

4825 GREEN BLVD

Suite, Apt. #, etc.

City & State

NAPLES FL,

Zip

34116

Country

USA

600159651836
08/17/09--01071--014 **1050.00
REINSTATEMENT 07-09

4. Date Incorporated or Qualified
To Do Business in Florida

02/19/2002

5. FEI Number
020567939

☒ 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

Street Address (P.O. Box Number is Not Acceptable)
4825 GREEN BLVD

Suite, Apt. #, Etc.

City
NAPLES FL,

State
FL

Zip Code
34116

☐ The reinstatement fee is imposed, except in
circumstances which the entity did not receive
the prior notices. By checking this box, you
are certifying the prior notices were not
received and requesting the reinstatement
fee be waived.

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

Date 8/14/09

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
P	CRISPIN TRUJILLO	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

8/14/09
Date

239-352-4943
Daytime Phone #