

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

03 OCT 28 PM 5:18

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT #

1. Corporation Name

Plan It GreenLandscape And Irrigation,
Inc.

600024204576
10/28/03--01043--009 **150.00

2. Principal Office Address

2455 4th Street

Suite, Apt. #, etc.

City & State

Vero Beach, Fl

Zip

32962

Country

Indian River

3. Mailing Office Address

2455 4th Street

Suite, Apt. #, etc.

City & State

Vero Beach, Fl

Zip

32962

Country

Indian River

REINSTATEMENT

03

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

04/04/2002

5. FEI Number

02 0577783

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

Norman Black

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

2455 4th Street

Suite, Apt. #, Etc.

City

Vero Beach, Fl

State

FL

Zip Code

32962

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

Norman Black

REGISTERED AGENT MUST SIGN

Date

10/24/03

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
Pres	Norman Black	2455 4th Street	Vero Beach, Fl 32962

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:

Norman Black Pres.

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

10/24/03 772-257-0040

Daytime Phone #

G. NORMAN BLACK Pres.

772-257.0040

CR2E081 (10/02)

PLANIT GREEN, INC.

2455 4TH STREET VERO BEACH, FL 32962
OFFICE 772-257-0040 FAX 772-257-0041

Dear Sir,

I tried to get a new workers comp policy last week and they informed me that they found no record of my company, that it had been dissolved. I have not gotten any notices from you to file this report you dissolved me over. I checked with my attorney(who had set himself up as my registered agent) to see if he had been gotten any notices. He hadn't nor did he know he was my registered agent. I am the only officer ,employee, and registered agent . Please reinstate me for this 150.00 as soon as possible.

Thank You,

A handwritten signature in cursive script, appearing to read "Norman Black", with a long horizontal flourish extending to the right.

Norman Black