

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

05 JUL 18 AM 9:35

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P02000041241

1. Corporation Name

First Quality Landscape Group Inc

900057601799
07/18/05--01039--006 **1050.00

2. Principal Office Address

235 SE 26th AVENUE

Suite, Apt. #, etc.

3. Mailing Office Address

P.O. Box 854

Suite, Apt. #, etc.

City & State

Boynton Beach, FL

Zip

33435

Country

PALM BEACH

City & State

Boynton Beach, FL

Zip

33425

Country

PALM BEACH

REINSTATEMENT 03-05

4. Date Incorporated or Qualified
To Do Business in Florida

4-10-2002

5. FEI Number

65-0920584

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

Alex ALBERT

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

235 SE 26th AVENUE

Suite, Apt. #, Etc.

City

Boynton Beach, FL 33435

State

FL

Zip Code

33435

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

REGISTERED AGENT MUST SIGN

Date 02-08-05

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	Alex ALBERT	235 SE 26th AVE	Boynton Beach FL 33435
VP	Chantale ALBERT	235 SE 26th AVENUE	Boynton Beach FL 33435

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

02-08-05 (561) 424-0160

Date

Daytime Phone #

CR2E031 (01/05)