

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

03 DEC 11 PM 12:29

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P02000042589

1. Corporation Name

Treat's Landscaping, Inc

2. Principal Office Address

4305 State Rd 545

Suite, Apt. #, etc.

City & State

Winter Garden, FL

Zip

34787

Country

USA

3. Mailing Office Address

4305 State Rd 545

Suite, Apt. #, etc.

City & State

Winter Garden, FL

Zip

34787

Country

USA

REINSTATEMENT 03

000025100450
12/10/03--01058--023 **750.00

4. Date Incorporated or Qualified
To Do Business in Florida

4-19-02

5. FEI Number

03-0433175

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

Jonathan P. Treat

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

4305 State Rd 545

Suite, Apt. #, Etc.

City

Winter Garden

State

FL

Zip Code

34787

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 X

Date X

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
D	Jonathan P Treat	4305 State Rd 545	Winter Garden, FL 34787

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: X

Jonathan P. Treat, Pres. X

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

407-877-9209

Daytime Phone #