

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Glenda E. Hood
Secretary of State
DIVISION OF CORPORATIONS

FILED

03 OCT 13 PM 12:09

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P02000044415**

1. Corporation Name

COLOR FULL FOREST LANDSCAPING, INC.

Principal Place of Business

Mailing Address

30322 SW 151 AVENUE
HOMESTEAD FL 33033

30322 SW 151 AVENUE
HOMESTEAD FL 33033

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

30322 SW 151 Ave

Suite, Apt. #, etc.

3. New Mailing Office Address, If Applicable

30322 SW 151 Ave

Suite, Apt. #, etc.

City & State

Homestead, FL

Zip Country

33033

City & State

Homestead, FL

Zip Country

33033

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

04/23/2002

5. FEI Number

01-0674610

☒ Applied For

☐ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
PST	DURAN, LEONILLO	30322 SW 151 AVENUE	HOMESTEAD FL 33033

8. Name and Address of Current Registered Agent

DURAN, LEONILLO
30322 SW 151 AVENUE
HOMESTEAD FL 33033

9. Name and Address of New Registered Agent

Name

Duran, Leonillo

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

30322 SW 151 Avenue

Suite, Apt. #, Etc.

City

Homestead

State

FL

Zip Code

33033

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S. or 617.0505, F.S.

Signature of
Registered Agent

LEONILLO DURAN SIGNATURE REQUIRED

REGISTERED AGENT MUST SIGN

Date 10-9-03

11. 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: LEONILLO DURAN SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10-9-03 (305)247-6036

Date

Daytime Phone #

CR2040 (7/03)

To Whom it May Concern,

I am writing this letter about the \$750.00 fee that I am being charged for. I am mailing a copy of the check I sent when I sent in the Application for Reinstatement in March 2003. I called the Florida Dept of State and they informed me about a letter they mailed me after they recieved my application I notified them I never recieved the letter. I responded quickly with the \$150.00 fee the same way I would've responded if I recieved the other letter. I do apologize for any inconvenience.

Thank You.

LEONICO DURAN

Daytime # (305) 247-6036 or (786) 287-6290
Evening # (305) 247-6036

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