

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

03 OCT 21 AM 11:14

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

**DOCUMENT # P02000054916**

**1. Corporation Name**

ALL ABOUT LANDSCAPING, INC.

700023752217

10/13/03-01074-005-\*\*\*150.00

REINSTATEMENT

**2. Principal Office Address**

701 Duck Lake Road

Suite, Apt. #, etc.

City & State

Lady Lake, Florida

Zip

32159

Country

Lake

**3. Mailing Office Address**

PO Box 549

Suite, Apt. #, etc.

City & State

Lady Lake, Florida

Zip

32158

Country

Lake

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

5/20/02

**5. FEI Number**

81-0551036

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

Chad W. Sartain

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

P O Box 549, 1025 Lindsey Lane Ct.

Suite, Apt. #, Etc.

City

Lady Lake,

State

FL

Zip Code

32158

**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

Date 10/10/03

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
Pres	Chad Sartain	P O Box 549	Lady Lake, FL 32158
VP	David Miller	P O Box 549	Lady Lake, FL 32158
Sec/Tr	James Sartain	P O Box 549	Lady Lake, FL 32158

**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

1-21/03

Date

352-753-0854

Daytime Phone #

CR2E001 (10/02)

2/10/23



# ALL ABOUT LANDSCAPING, INC.

COMMERCIAL & RESIDENTIAL  
LANDSCAPING & IRRIGATION

October 10, 2003

Department of State  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

Re: All About Landscaping, Inc.  
P02000054916

Dear Div. Of Corp:

Please find enclosed a reinstatement form and check in the amount of \$150.00 for our corporation. We never received the URB report this year, the post office will not deliver to our physical address. We request that you please waive the late fee since I was not aware the URB report was due. I did not know we were placed on inactive until I went on line this morning to get our document # and found we were listed inactive. After calling your office I was instructed to send the reinstatement form and a check.

If you require anything further, please contact me at 352-753-0854. Thank you for your assistance with this matter, sometimes it is perplexing to know everything needed.

Sincerely,

Nancy Ault  
Administrator

Enclosures