

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

03 NOV 13 PM 12:23

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P02000082414

**1. Corporation Name**

MULCH CITY, INC.

**2. Principal Office Address**

510 Business Pkwy B

Suite, Apt. #, etc.

City & State

Royal Palm Bch, FL

Zip

33411

Country

USA

**3. Mailing Office Address**

510 Business Pkwy B

Suite, Apt. #, etc.

City & State

Royal Palm Bch, FL

Zip

33411

Country

USA

REINSTATEMENT 03

600023979376

11/13/03--01061--005 \*\*500.00

11/21/03 01053 022 8150-20

**4. Date Incorporated or Qualified**

To Do Business in Florida

7-29-02

**5. FEI Number**

51-0418628

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

Sue Ramcharan

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

3816 Cypress Lake Drive

Suite, Apt. #, Etc.

City

Lake Worth

State

FL

Zip Code

33467

**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

*Sue Ramcharan*

Date

11-7-03

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
P	Sherry L. Tetreault	510 Business Pkwy B	Royal Palm Bch, FL 33411
V	Mario Cannizzaro	16178 91st Place N	Loxahatchee, FL 33470

**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

*11/07/2003*

Date

Daytime Phone #

CR2E081 (10/02)