

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

Glenda E. Hood
Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT # P02000104749

1. Corporation Name

LIVE OAK LANDSCAPE OF BOCA RATON, INC.

Principal Place of Business

P.O. BOX 850
BOCA RATON FL 33429

Mailing Address

P.O. BOX 850
BOCA RATON FL 33429

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

2. New Principal Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

09/27/2002

5. FEI Number

30-0103193

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
PD	LONG, JOHN M	550 GOLDEN HARBOR DRIVE	BOCA RATON FL 33432
DP	CROMARTY, DAVID B	540 NE 18TH STREET	BOCA RATON FL 33432

000024940370
11/21/03--01091--011 **8.75

8. Name and Address of Current Registered Agent

MULLIN, JAMES G
2080 N.W. BOCA RATON BLVD.
#6
BOCA RATON FL 33431

9. Name and Address of New Registered Agent

Name

T.N. Murphy, Jr. P.A.

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

980 N. Federal Hwy, Ste. 410

Suite, Apt. #, Etc.

City

Boca Raton

State

FL

Zip Code

33432

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

SIGNATURE

REGISTERED AGENT MUST SIGN

Date

11/10/03

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:

SIGNATURE David B. Cromarty

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

11/10/03

Daytime Phone #

561.499.8448

CR2E040 (7/03)