

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

04 OCT -5 PM 2:03

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # PD2000110636

1. Corporation Name

Morning Mist Landscaping, Inc.

2. Principal Office Address

758 105th Ave N.

Suite, Apt. #, etc.

City & State

Naples, FL

Zip

34108

Country

USA

3. Mailing Office Address

PO Box 111154

Suite, Apt. #, etc.

City & State

Naples, FL

Zip

34108

Country

USA

**REINSTATEMENT** 03-04

4. Date Incorporated or Qualified  
To Do Business in Florida

10-14-2002

5. FEI Number

11-3659020

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

Wesley Kallas

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

758 105th Ave N.

Suite, Apt. #, Etc.

City

Naples

State

FL

Zip Code

34108

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

Wesley Kallas

Date 9-1-2004

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
<u>D</u>	<u>Wesley Kallas</u>	<u>758 105th Ave N.</u>	<u>Naples, FL 34108</u>

000041524010  
10/01/04--01004--006 \*\*300.00

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:

Wesley Kallas Wesley Kallas

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

9-1-2004

Daytime Phone #

239-287-1845

CR2E081 (01/04)

202

September 1, 2004

To whom it may concern,

I am asking that you please waive the \$600.00 Reinstatement Fee. We did not receive the Annual Report to fill out for 2003. I put our P.O. Box on the form to be changed for mailing purposes because we have all important mail sent there due to mail stealing out of our mailboxes in our area.

I would also like to know if there is a way to expedite this and get it updated on the sunbiz.org website. We are currently waiting for this to be resolved so we can go help with the hurricane disaster of Charly.

If you have any questions please feel free to call the number listed below. Thank you for your time.

Sincerely,



Wesley Kallas - Director  
Morning Mist Landscaping, Inc.  
758 105th Ave. N.  
Naples, Florida 34108  
(239) 594-3155