

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 # **P02000129884**

1. Corporation Name

ALPHA AND OMEGA LANDSCAPING, INC.

Principal Place of Business

Mailing Address

1220 N JOHN STREET
ORLANDO FL 32808

1220 N JOHN STREET
ORLANDO FL 32808

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

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

12/09/2002

5. FEI Number

55-08 17373

Applied For

Not Applicable

6.

CERTIFICATE OF STATUS-DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status



900038529039

07/01/04--01015--003 **150.00

FILED

04 JUL 19 PM 3:43

SECRETARY OF STATE
TALLAHASSEE, FLORIDA
REINSTATEMENT 03-09

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
D	MOORE, TIMOTHY C	1220 N JOHN STREET	ORLANDO FL 32808
D	MOORE, C. ROY	4507 Prince Hall Blvd.	ORLANDO FL 32805
D	MOORE, ROSIE	4507 Prince Hall Blvd	ORLANDO FL 32805
D	MOORE, Cheryl	1220 N. John St.	ORLANDO, FL 32808

900038529039

07/01/04--01015--004 **750.00

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

DAVIS, BRADLEY J
538 VIRGINIA DRIVE
ORLANDO FL 32803

Name

TIMOTHY C. MOORE

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

1220 N. JOHN ST.

Suite, Apt. #, Etc.

City

ORLANDO

State

FL

Zip Code

32808

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 REQUIRED

REGISTERED AGENT MUST SIGN

Date

06/28/04

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 REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

06/28/04

Daytime Phone #

CR2E040 (7/03)