

Page 1 of 2

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

2006 SEP -1 AM 10: 47

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

CR2E081 (12/05)

DOCUMENT # P03000043732

1. Corporation Name

Greenscape, Inc.

2. Principal Office Address

1375 W. Canal St. N

Suite, Apt. #, etc.

City & State

Belle Glade, FL

Zip
33430

Country
USA

3. Mailing Office Address

1375 W. Canal St. N

Suite, Apt. #, etc.

City & State

Belle Glade, FL

Zip
33430

Country
USA

4. Date Incorporated or Qualified
To Do Business in Florida

04/18/2003

5. EEL Number

06-1698495

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
William S. Poole

Street Address (P.O. Box Number is Not Acceptable)
416 SE 3rd St.

Suite, Apt. #, Etc.

City
Belle Glade

State
FL

Zip Code
33430

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

William S. Poole, President

REGISTERED AGENT MUST SIGN

Date 08/29/06

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	William S. Poole	416 SE 3rd St.	Belle Glade, FL 33430

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 contained in Chapter 119, 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

William S. Poole

08/29/06

Date

561-261-3924

Daytime Phone #

Payor

Greenscape, Inc.

416 SE 3rd Street
Belle Glade, FL 33430

561-261-3924

August 29, 2006

Florida Dept. of State
Division of Corporations
The Clifton Bldg
2661 Executive Center Circle
Tallahassee, FL 32301

RE: Reinstatement of Corporation
FEIN 06-1698495

Dear Sirs:

Enclosed is my check in the amount of \$450.00 payable to the Department of State in order to reinstate my corporation. I did not receive the annual report notices during the year of dissolution. As you will see on the reinstatement form, my corporate and home addresses have both changed.

Please reinstate my corporation.

Sincerely,



William S. Poole

/wsp