

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # PO3000065035

1. Corporation Name

Sylvester's Landscaping Inc.

2. Principal Office Address - No P.O. Box #

736 Tomoka Rd.
Suite, Apt. #, etc.

3. Mailing Office Address

837 Kingston Av.
Suite, Apt. #, etc.

City & State

Daytona Beach, FL.
Zip Country
32114 Nolusia

City & State

Daytona Beach, FL.
Zip Country
32114 Nolusia

7. Name and Address of Current Registered Agent

Name
Adonis C. Sylvester

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

837 Kingston Av.
Suite, Apt. #, Etc.

City
Daytona Beach,

State
FL

Zip Code
32114

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

Adonis Sylvester
REGISTERED AGENT MUST SIGN

Date 18 June 07

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>P</u>	<u>Adonis Sylvester</u>	<u>837 Kingston Av.</u>	<u>Daytona Beach, FL 32114</u>
<u>V</u>	<u>Katherine Deavy</u>	<u>837 Kingston Av.</u>	<u>Daytona Beach FL 32114</u>

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:

Adonis Sylvester
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Adonis Sylvester

18 June 07
Date

(386) 628-2290
Daytime Phone #

FILED

07 JUN 21 PM 4:28

STATE
TALLAHASSEE, FLORIDA
800104671918
06/21/07 - 01045--013 *4608.75

REINSTATEMENT 04-07

**4. Date Incorporated or Qualified
To Do Business in Florida**

09 June 03

5. FEI Number

81-0614449

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒

\$8.75 Additional Fee required
for a Certificate of Status

☐ The reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the reinstatement fee be waived.