

1062

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

09 APR 13 AM 9:26

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P04000002142

1. Corporation Name

GREEN FOREST LANDSCAPING INC

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

191 - 2ND STREET NE

3. Mailing Office Address

191 - 2ND STREET NE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

NAPLES, FL

City & State

NAPLES, FL

Zip

34120

Country

USA

Zip

34120

Country

USA

200149762502

04/14/09--01002--001 **450.00

REINSTATEMENT

07-09

4. Date Incorporated or Qualified
To Do Business in Florida

01/01/2004

5. FEI Number
20-0641363

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

JUAN G GONZALEZ

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

191 - 2ND STREET NE

Suite, Apt. #, Etc.

City

NAPLES,

State

FL

Zip Code

34120

☐ 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.

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

REGISTERED AGENT MUST SIGN

Date

4/07/09

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
PSTD	JUAN G GONZALEZ	191 - 2ND STREET NE	NAPLES, FL 34120

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

JUAN GONZALEZ

Date

4/07/09 (236) 253-7211

Daytime Phone #

4/14/09

2062

GREEN FOREST LANDSCAPING INC

191 2nd Street N E Naples, FL 34120

Ph#(239)253-7211

April 07, 2009

DEPART OF STATE

PO Box 6327

Tallahassee, FL 32314

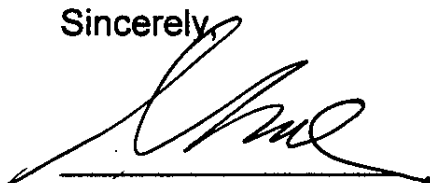
Division of Corps

RE: Reinstatement

Dear DOS:

We are enclosing a check in the amount of \$450 to reinstate the above corp. We ask that you waive the reinstatement fee since we never received the from to renew it.

Sincerely,

A handwritten signature in black ink, appearing to read 'Juan Gonzalez', written over a horizontal line.

Juan Gonzalez

President