

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

07 MAR -5 AM 8:43

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P04000015494**

1. Corporation Name

**Landscape & Design By Chris Coleman
W09000008691 INC.**

000092218130
03/12/07--01006--024 **450.00

CR2E081 (1/07)

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

1517 Valencia ST

Suite, Apt. #, etc.

3. Mailing Office Address

1517 Valencia ST.

Suite, Apt. #, etc.

City & State

Sanford, FL.

City & State

Sanford, FL.

Zip

Country

32771 Seminole

Zip

Country

32771 Seminole

4. Date Incorporated or Qualified
To Do Business in Florida

1-12-04

5. FEI Number

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

Chris Coleman

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

1517 Valencia ST.

Suite, Apt. #, Etc.

City

Sanford

State

FL

Zip Code

32771

☒ 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

Chris Coleman

REGISTERED AGENT MUST SIGN

Date

1/15/07

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 |
|-----------|--------------------------------------|---|--------------------|
| President | Chris Coleman | 1517 Valencia ST. | Sanford, FL. 32771 |
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REINSTATEMENT 05-07

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:

Chris Coleman

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

1/15/07

Daytime Phone #

407-394-0947