

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

1052

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

08 AUG 27 PM 11:14

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P04000070750

1. Corporation Name

Celebration Landscape Design, Inc.

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

214 East Laurel Avenue

Suite, Apt. #, etc.

City & State

Howey in the Hills, Florida

Zip

34737

Country

USA

3. Mailing Office Address

214 East Laurel Avenue

Suite, Apt. #, etc.

City & State

Howey in the Hills, Florida

Zip

34737

Country

USA

REINSTATEMENT 06-08

4. Date Incorporated or Qualified
To Do Business in Florida

5-1-04

5. FEI Number

20-1066771

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

Charles T Richardson

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

214 East Laurel Avenue

Suite, Apt. #, Etc.

City

Howey in the Hills

State

FL

Zip Code

34737

☒ 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

[Signature]

Date 8-22-08

REGISTERED AGENT MUST SIGN

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	Charles T Richardson	214 East Laurel Avenue	Howey in the Hills, Florida 34737
VP	Daniel Bumpus	703 Front St.	Celebration, FL 34747

900135007409
08/27/08--01031--010 **450.00

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]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

8-25-08

Daytime Phone #

561-236-9826

Celebration Landscape Design, Inc.

2082

Transmittal

Via: ☐ Email ☐ Special Delivery / Courier
☐ Phone Fax ☒ US Postal Service ☐ Certified
☐ Hand Delivery ☐ FedEx ☐ UPS ☐ Other

August 25, 2008; 2:36 PM

To: Dept of State
Division of Corporations
P.O. Box 6327
Tallahassee, Florida 32314

.....
Phone #
Fax #
Email

From: Celebration Landscape Design, Inc.
214 East Laurel Avenue
Howey in the Hills, Florida 34737
Charles Richardson
Phone # 561-236-9826

Number of Pages: 2

Re: Corporation Reinstatement

Message:

Attached, please find the Corporation Reinstatement form. We have not received notices and, therefore, have not sent the proper filings. For this, we are sorry for the error. Per my conversation with your office today, I am enclosing a check for \$450.00 for past years fees.

Please call me if you have questions or comments.