

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

05 OCT 31 PM 12:26

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # 004060129998

**1. Corporation Name**

E-Z Landscaping of Central Florida  
INC

**2. Principal Office Address**

2341 Center St  
Suite, Apt. #, etc.

**3. Mailing Office Address**

2341 Center St  
Suite, Apt. #, etc.

**City & State**

Sanford, FL

**City & State**

Sanford, FL

**Zip**

32771

**Country**

Seminole

**Zip**

32771

**Country**

Seminole

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

**5. FEI Number**

05-0599319

**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**

2341 Center St

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

Erika Tolber

**Suite, Apt. #, Etc.**

E-Z Landscaping of Central, FL 32771

**City**

Sanford, FL 32771

**State**

FL

**Zip Code**

32771

**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

Erika Tolber

Date 10.15.05

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
President	Erika Tolber	2341 Center St	Sanford, FL 32771
President	Zachery Williams	2341 Center St	Sanford, FL 32771

REINSTATEMENT 05

T. Roberts NOV 11 2005

**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 under section 119.07(3)(i), 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:

Erika Tolber  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

10.15.05 321-945-2005

Daytime Phone #

P5292

Doc # P04000129998

10.24.05

To Whom it may concern,

My name is Erik Tolbert and I'm  
writing this letter for the concern of Doc # P04000129998

2 landscaping of Central Florida. I have never receive a reinstatement

letter. I will like to know if you all

can waive \$600.00 fee. I have already paid

\$150.00. Thank you for taken care of this matter.

Thank you.

E. Tolbert

321-945-2005