

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

06 MAY -4 AM 7:40

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P04000129998
1. Corporation Name E-2 Landscaping of
Central Florida, INC

400074507904
05/12/06--01008--026 **150.00

CR2E081 (8/05)

2. Principal Office Address

2341 Center St

Suite, Apt. #, etc.

3. Mailing Office Address

Same

Suite, Apt. #, etc.

City & State

Sanford, FL

City & State

Zip

32771

Country

Seminole

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

5. FEI Number

05-6599319

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

Erika Tolbert

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

2341 Center St

Suite, Apt. #, Etc.

City

Sanford

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

E. Tolbert

REGISTERED AGENT MUST SIGN

Date

3/8/06

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 Tolbert	2341 Center St	Sanford, FL 32771
President	Zachery Williams	2341 Center St	Sanford, FL 32771

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 Tolbert

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/8/06

Date

Daytime Phone #