


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

OTAR  **FLORIDA DEPARTMENT OF STATE**
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 804000129998

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 Florida Sanford, FL 32771

Zip

32771

Country

U.S.

Zip

32771

Country

U.S.

4. Date Incorporated or Qualified
To Do Business in Florida

5. FEI Number

05-0599319

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$875 Additional Fee required
for a Certificate of Status

CR2E081 (8/05)

FILED

07 MAR 21 AM 11:06

FLORIDA DEPARTMENT OF STATE
TALLAHASSEE, FLORIDA

7. Name and Address of Current Registered Agent

Name

Erika Tolbert, Zachary Williams

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

Erika Tolbert

REGISTERED AGENT MUST SIGN

Date

3/4/07

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	Erika Tolbert	2341 Center St	Sanford, FL 32771
President	Zachary Williams	2341 Center St	Sanford, FL 32771
			700095803027 04/04/07--01036--011 **150.00

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 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

Date

3/4/07

Daytime Phone #

(407) 968-0250