

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

07 SEP 18 AM 10:49

DOCUMENT # P04000171614

1. Corporation Name

Total Package Landscaping & Maintenance, Inc.

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

7576 John F. Kennedy Drive E

Suite, Apt. #, etc.

3. Mailing Office Address

7576 J. F. Kennedy Drive E

Suite, Apt. #, etc.

City & State

Jacksonville, Florida

Zip

32219

Country

US

City & State

Jacksonville, Florida

Zip

32219

Country

US

CR2E081 (1/07)

4. Date Incorporated or Qualified
To Do Business in Florida

12-23-2004

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
Gory Graham

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

7576 John F. Kennedy Drive East

Suite, Apt. #, Etc.

City

Jacksonville

State

FL

Zip Code

32219

☐ 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

Gory Graham

Date 9-14-07

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
P	Gory P. Graham	7576 John Kennedy Drive E	Jacksonville, Florida 32219
VP	Leon Graham	7576 John Kennedy Drive E	Jacksonville, Florida 32219
TS	Fannie M. Graham	7576 John Kennedy Drive E	Jacksonville, Florida 32219
B9/10/07 REINSTATEMENT 05-07			
800103592888 09/18/07 01064 003 **1000.00			
800103592888 09/18/07--01064--004 **50.00			

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:

Gory Graham

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

9-14-07

Date

904-434-0402

Daytime Phone #