

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

10 FEB -1 PM 4:16

DOCUMENT # P05000025782

1. Corporation Name

Odessa Landscape Supply, Inc.

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

19626 Gunn Hwy

Suite, Apt. #, etc.

City & State

Odessa, FL

Zip

33556

Country

US

3. Mailing Office Address

210 W Henry Ave

Suite, Apt. #, etc.

City & State

Tampa, FL

Zip

33604

Country

US

200167706362  
02/01/10-01046--002 \*\*500.00 KS  
**REINSTATEMENT** 07-10

4. Date Incorporated or Qualified  
To Do Business in Florida 02/17/2005

5. FEI Number  
202736095

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

Kenneth R. Brengle

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

210 W Henry Ave

Suite, Apt. #, Etc.

City

Tampa

State

FL

Zip Code

33604

☒ 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

*Kenneth R. Brengle*  
REGISTERED AGENT MUST SIGN

Date 1/6/2010

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
D	Kenneth R. Brengle	210 W Henry Ave	Tampa, FL 33604

10. E-mail Address: ken.brengle@yahoo.com

(To be used for future annual report notification)

11. 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. I further certify 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:

*Kenneth R. Brengle*

Kenneth R. Brengle

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1.6.2010

Date

813.833.0319

Daytime Phone #