

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 JUL 13 AM 7:33

DOCUMENT # P05000105255

1. Corporation Name

Sunworld Landscape, Inc.

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

2525 6th Street

Suite, Apt. #, etc.

3. Mailing Office Address

P.O. Box 650344

Suite, Apt. #, etc.

City & State

Vero Beach, FL

City & State

Vero Beach, FL

Zip

32962

Country

USA

Zip

32945

Country

USA

7. Name and Address of Current Registered Agent

Name

Tanya Anderson

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

2525 6th Street

Suite, Apt. #, Etc.

City

Vero Beach

State

FL

Zip Code

32962

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

Tanya Anderson  
REGISTERED AGENT MUST SIGN

Date

4-5-10

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
<u>T, S, VP</u>	<u>Tanya Anderson</u>	<u>2525 6th Street</u>	<u>Vero Beach, FL 32962</u>
<u>P</u>	<u>Steven Anderson</u>	<u>2525 6th Street</u>	<u>Vero Beach, FL 32962</u>

10. E-mail Address: Sunworldlandscape@hotmail.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:

Tanya Anderson

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

4-5-10

Daytime Phone #

772-567-1120

100176175481

04/19/10--01003--012 \*\*300.00

REINSTATEMENT

08-10

4. Date Incorporated or Qualified  
To Do Business in Florida

07/28/2005

5. FEI Number

86-1145205

Applied For

☐ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required  
for a Certificate of Status

☒ 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.

100176175481

07/13/10--01017--002 \*\*150.00

KS