

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

09 NOV 30 PM 4:00

DOCUMENT # ~~P0770000069492~~ P070000069492

1. Corporation Name

DAVID LANDSCAPING CORP

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

1327 ATLANTIS DRIVE

Suite, Apt. #, etc.

City & State

APOPKA

Zip

32703

Country

ORANGE

3. Mailing Office Address

1327 ATLANTIS DRIVE

Suite, Apt. #, etc.

City & State

APOPKA

Zip

32703

Country

ORANGE

4. Date Incorporated or Qualified
To Do Business in Florida

06-13-07

5. FEI Number
26-0354318

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

MARIA RODRIGUEZ

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

1327 ATLANTIS DRIVE

Suite, Apt. #, Etc.

City

APOPKA

State

FL

Zip Code

32703

☒ 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

REGISTERED AGENT MUST SIGN

Date 11-23-09

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,VP	MARIA RODRIGUEZ	1327 ATLANTIS DRIVE	APOPKA, FL 32703
S,T	MARIA RODRIGUEZ	1327 ATLANTIS DRIVE	APOPKA, FL 32703

10. E-mail Address: pastora_c@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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

11-23-09

Date

407-413-6085

Daytime Phone #