

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED

97 MAY 22 AM 9:55

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 92000013199

1. Corporation Name:

A Greener Touch Lawn Services, Inc.

Principal Place of Business

Mailing Address

*If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

7 Dorchester Circle
Suite, Apt. #, etc.

3. New Mailing Office Address, If Applicable

7 Dorchester Circle
Suite, Apt. #, etc.

4. Date Incorporated or Qualified
To Do Business in Florida

12/21/1992

5. FEI Number

65-0367279

Applied For

Not Applicable

City & State

Palm Beach Gardens, FL

City & State

Palm Beach Gardens, FL

Zip

33418

Country

Palm Beach

Zip

33418

Country

Palm Beach

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
D/P	Thomas A. Weber	7 Dorchester Circle	Palm Beach Gardens, FL 33418
D	Nancy M. Weber	7 Dorchester Circle	Palm Beach Gardens, FL 33418
			300002193023--2 -05/28/97--01044--011 ***1245.00 ***1245.00

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

Name Ronald J. Smith, P.A.
Street Address (P.O. Box Number is Not Acceptable)
6074 N.W. 71st. Terrace
Suite, Apt. #, Etc.
City Parkland State FL Zip Code 33067

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.

Signature of
Registered Agent

Ronald J. Smith
REGISTERED AGENT MUST SIGN

Date 5/19/97

11. Does this corporation pay any intangible tax to the
Dept. of Revenue under S. 199.032, Florida Statutes. Yes ☐ No ☒

(See other side for information
on intangible tax.)

12. 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:

Thomas A. Weber
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

5/19/97 (561)776-7752
Daytime Phone #

CR2E040 (12/96)