

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Donna B. M...
Secretary of State
DIVISION OF CORPORATIONS

FILED

JULY 26 PM 1:34

STATE OF FLORIDA
TALLAHASSEE, FLORIDA

DOCUMENT # P93000030923

1. Corporation Name

STRATFORD LANDSCAPE AND DESIGN, INC.

Principal Place of Business

Mailing Address

2135 CROSSHAIR CIRCLE
ORLANDO FL 32837

2135 CROSSHAIR CIRCLE
ORLANDO FL 32837

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

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

04/26/1993

5. FEI Number

59-3179560

Applied For

Not Applicable

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)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers) 3	City / State / Zip 4
D	BUEHLER, CARL V	2135 CROSSHAIR CIRCLE	ORLANDO FL 32837
D	BUEHLER, BETTY	2135 CROSSHAIR CIRCLE	ORLANDO FL

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

BUEHLER, CARL V
2135 CROSSHAIR CIRCLE
ORLANDO FL 32837

Name

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

Suite, Apt. #, Etc.

City

State
FL

Zip Code

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

Carl V. Buehler
REGISTERED AGENT MUST SIGN

Date

11. This corporation owes or has paid the current year
Intangible Personal Property tax due June 30.

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 taxes 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:

Betty G. Boehler
SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04/30/99 407-240-7222
Date Daytime Phone #

CR2E040 (9/98)



FLORIDA DEPARTMENT OF STATE

Katherine Harris
Secretary of State

May 6, 1999

STRATFORD LANDSCAPE AND DESIGN, INC.
2135 CROSSHAIR CIRCLE
ORLANDO, FL 32837

SUBJECT: STRATFORD LANDSCAPE AND DESIGN, INC.
Ref. Number: P93000030923

We have received your document for STRATFORD LANDSCAPE AND DESIGN, INC. and check(s) totaling \$908.75. However, your check(s) and document are being returned for the following:

Pursuant to section 607.1422(1)(b), 617.1422(1)(b), or 608.4482, Florida Statutes, your designated registered agent must acknowledge the designation by signing in the appropriate block of the form.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 487-6059.

Tyrone Scott
Document Specialist

Letter Number: 799A00024805