

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

APPROVAL
FILED
04 DEC -8 PM 4:35
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P93000032600

1. Corporation Name

Metropolitan Landscape, Inc.

2. Principal Office Address

5910 Lane Cir. S.

3. Mailing Office Address

P.O. box 60803

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Jacksonville, Fl.

City & State

Jacksonville, Fl.

Zip

32254

Country

Duval

Zip

32236

Country

Duval

**4. Date Incorporated or Qualified
To Do Business in Florida**

05-04-1993

5. FEI Number

593181408

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

Schmechel, Ben J

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

1123 hagler Dr.

Suite, Apt. #, Etc.

City

Jacksonville

State

FL

Zip Code

32266

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**

[Signature]

Date 11-24-04

REGISTERED AGENT MUST SIGN

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
Pr.	James R. Behrens	4746 Glenwood Av.	Jax., FL. 32205
s/t	Ron Stinson	5910 Lane Cir. S	Jax., Fl. 32254

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12/08/04--01048--017 **1200.00

10. 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:

Ben J. Schmechel, VP

11-24-04

904.695.0350

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E081 (01/04)