

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

APPLICATION  
FOR  
REINSTATEMENT



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

DOCUMENT # **P94000002346**

1. Corporation Name

**L. CASS BEALL LANDSCAPE MAINTENANCE, INC.**

Principal Place of Business

Mailing Address

2701 COLONIAL BLVD  
#100  
FT MYERS FL 33907  
US

P.O. BOX 153  
SANIBEL FL 33857

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.

**501 LAGOON DR**

Suite, Apt. #, etc.

**SAME**

City & State

**SANIBEL FL**

City & State

Zip

**33957**

Country

Zip

Country

4. Date Incorporated or Qualified  
To Do Business in Florida

**01/03/1984**

5. FEI Number

**05-0400088**

Applied For

Not Applicable

6.

CERTIFICATE OF STATUS DESIRED ☐

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

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
DP		BEALL, L. CASS		2701 COLONIAL BLVD #100 501 LAGOON DR.		FT MYERS FL SANIBEL FL
SV		BEALL, MARY JANE		2701 COLONIAL BLVD #100 501 LAGOON DR.		FT MYERS FL SANIBEL FL

000002010700-1  
-11/21/96--01026--002  
\*\*\*375.00 \*\*\*375.00

**REINSTATEMENT 1996**

*G. Allen*

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

BEALL, L. CASS  
10004 CAPTIVA RD.  
CAPTIVA FL 33924

Name

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

Suite, Apt. #, Etc.

City

State

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

*L. Cass Beall*  
**SIGNATURE REQUIRED**

Date **9/24/96**

REGISTERED AGENT MUST SIGN

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:

*MARY JANE BEALL*  
**SIGNATURE REQUIRED**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**MARY JANE BEALL**

**9/24/96**  
Date

**941-472-7100**  
Daytime Phone