

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

03 OCT 15 AM 9:51

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P 94000008000**

1. Corporation Name:

GREENBLADES of CENTRAL FLORIDA, INC

REINSTATEMENT 03

200023804572
10/15/03--01007--013 **150.00

2. Principal Office Address

42341 Hwy 19

Suite, Apt. #, etc.

City & State

ALTOONA FL

Zip

32702

Country

LAKE

3. Mailing Office Address

P.O. Box 1180

Suite, Apt. #, etc.

City & State

ALTOONA FL

Zip

32702

Country

LAKE

4. Date Incorporated or Qualified
To Do Business in Florida

02/01/1994

5. FEI Number

59-3223406

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

G. EDWARD CLEMENT

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

308 E. 7TH AVE

Suite, Apt. #, Etc.

City

MOUNT DORA

State

FL

Zip Code

32757

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

G. Edward Clement

Date

10/8/03

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
PD	JOSEPH T ROBBINS JR.	19848 E ALTOONA RD	ALTOONA, FL 32702
VD	ALENE W. ROBBINS	19848 E. ALTOONA RD	ALTOONA FL 32702

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Joseph T. Robbins Jr.

10/08/03

Date

352-771-5640

Daytime Phone #

7/10/06

Greenblades of Central Florida, Inc.
42341 Hwy 19
P.O. Box 1180
Umatilla, FL 32702-1180
(352) 771-5640
(352) 669-5330 fax
greenbladescf@earthlink.net

Department of State
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

October 08, 2003

Re: Corporation Reinstatement

To whom it may concern:

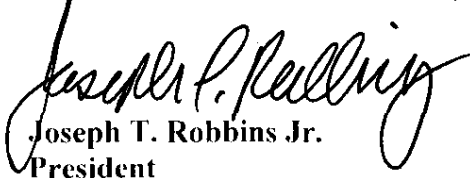
Please find our application for reinstatement of Greenblades of Central Florida.

We are requesting that the reinstatement fee be waived. I spoke to a gentleman today and explained our problem. We did not receive the renewal form in the mail. The address on the form was our old address. It was a postal box on the highway and was continually being vandalized. We therefore changed to a U. S. Post Office Box in Altoona. The original form was not sent to our new box.

The Florida agent instructed me to send a check in the amount of \$150.00. That amount is enclosed.

Thank you for your assistance. If you have any further questions or if I may be of assistance please feel free to contact me.

Greenblades of Central Florida, Inc.


Joseph T. Robbins Jr.
President