

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Glenda E. Hood
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P94000011384

1. Corporation Name

BUMBLE BEE LANDSCAPING, INC.

Principal Place of Business

15200 STATE ROAD 7
DELRAY BEACH FL 33446

Mailing Address

15200 STATE ROAD 7
DELRAY BEACH FL 33446

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

2. New Principal Office Address, If Applicable

1240 S. Federal Hwy

Suite, Apt. #, etc.

City & State

Boynton Beach, FL

Zip
33435

Country

Palm Beach

3. New Mailing Office Address, If Applicable

1240 S. Federal Hwy

Suite, Apt. #, etc.

City & State

Boynton Beach, FL

Zip

33435

Country

Palm Beach

4. Date Incorporated or Qualified
To Do Business in Florida

02/07/1994

5. FEI Number

65-0466861

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 3	City / State / Zip 4
D	BEDELL, SCOTT	15200 STATE ROAD 7	DELRAY BEACH FL 33446

800030575128

03/16/04--01094--009 **150.00

800030575128

05/17/04--01082--016 **750.00

8. Name and Address of Current Registered Agent

BEDELL, SCOTT
15200 STATE ROAD 7
DELRAY BEACH FL 33446

9. Name and Address of New Registered Agent

Name

Bedell, Scott

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

1240 S. Federal Hwy

Suite, Apt. #; Etc.

City

Boynton Beach

State

FL

Zip Code

33435

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. or 617.0505, F.S.

Signature of
Registered Agent

[Signature]

REGISTERED AGENT MUST SIGN

Date 3/10/2004

11. 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]

Scott Bedell

3/10/04

561-350-7267

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR20040 (7/03)