

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT
FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 94000041567

1. Corporation Name

Landscape World, Inc.

Principal Place of Business

Mailing Address

1276 Fruitville Rd.
Sarasota, Fl.

34236

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

2. New Principal Office Address, If Applicable

same

3. New Mailing Office Address, If Applicable

same

Suite, Apt. #, etc.

n/a

Suite, Apt. #, etc.

n/a

City & State

same

City & State

same

Zip

same

Country

USA

Zip

same

Country

USA

REINSTATEMENT

4. Date Incorporated or Qualified To Do Business in Florida

5/31/94

5. FEI Number

65-0563167

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)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	City / State / Zip
Pres.	Mark A. Chilton	1276 Fruitville Rd.	Sarasota, Fl. 34236
Sec.			
Treas.			

8. Name and Address of Current Registered Agent

Mark A. Chilton
1276 Fruitville Rd.
Sarasota, Fl.
34236

9. Name and Address of New Registered Agent

Name

n/a

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

Suite, Apt. #, Etc.

n/a

City

n/a

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

Mark A. Chilton

REGISTERED AGENT MUST SIGN

Date 5-18-99

11. This corporation owes 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 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

Mark A. Chilton

Date 5-18-99

941-953-6860
Daytime Phone #

FILED
99 MAY 20 AM 10:45
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

95-99
780
6/20/99

CR2E001 (12/98)