

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT
 FLORIDA DEPARTMENT OF STATE
 Sandra B. North
 Secretary of State
 DIVISION OF CORPORATIONS

FILED
 98 AUG -6 PM 4:20

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DOCUMENT # P940000051329

1. Corporation Name

MALCOM LANDSCAPING, INC.

Principal Place of Business

Mailing Address

1729 GREENRIDGE ROAD
 TAMPA, FL 33619

SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

300002615053--9
 -08/13/98--01074--003
 ***715.00 ***715.00

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		4. Date Incorporated or Qualified To Do Business in Florida	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		7/8/94	
City & State		City & State		5. FEI Number	
Zip		Country		59-3257354	
				Applied For	
				Not Applicable	
				6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/>	
				\$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)			
1. 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
PRES	CHRISTLE BLOUNT	1729 GREENRIDGE ROAD	TAMPA, FL 33619

56-12-98

8. Name and Address of Current Registered Agent	9. Name and Address of New Registered Agent
Gilmore, Ricardo L 334 Hyde Park Ave Tampa FL 33606	CHRISTLE BLOUNT Street Address (P.O. Box Number is Not Acceptable) 1729 Greenridge Rd Suite, Apt. #, Etc. City Tampa State FL Zip Code 33619

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: *Christle Blount* REGISTERED AGENT MUST SIGN Date: *7/22/98*

11. This corporation owes or has paid 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: *Christle Blount* 7/22/98 (813) 627-0004
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E040 (1/98)

HOWARD Mc KNIGHT

CERTIFIED PUBLIC ACCOUNTANT

1936 E. HILLSBOROUGH AVENUE
TAMPA, FLORIDA 33610
(813) 237-4496
FAX (813) 237-0132

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July 21, 1998

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

Re: Malcom Landscaping, Inc.

Dear Sir or Madam:

A recent corporate inquiry revealed that the referenced corporation was in administrative dissolution status. Please accept this correspondence as a request to reinstate the corporation.

Enclosed is a check for \$715 representing annual fees as follows:

<u>Year</u>	<u>Amount</u>
1995	\$200
1996	200
1997	165
1998	<u>150</u>
Total	\$715

The annual reports were mailed to the corporation's old mailing address. Consequently, the Officers were never in receipt of the annual renewal notices. Please grant a waiver of the \$485 penalties.

Reinstatement application is also enclosed.

Sincerely yours,


Howard Mc Knight
Certified Public Accountant