

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**APPLICATION
FOR
REINSTATEMENT**



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

APPROVED
AND
FILED

98 APR 24 AM 8:57

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P94000061889

1. Corporation Name

LAKE HAMILTON LANDSCAPE NURSERY, INC.

Principal Place of Business

231 US HWY 27 S
LAKE HAMILTON FL 33851

Mailing Address

PO BOX 24
LAKE HAMILTON FL 33851
US



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

08/23/1994

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

59-3262987

Applied For

Not Applicable

City & State

City & State

Zip

Country

Zip

Country

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 (Do NOT Use Post Office Box Numbers) 3	City / State / Zip 4
D	BLACK, MIKE	231 US HWY 27 S	LAKE HAMILTON FL 33851
D	BLACK, MELANIE	231 US HWY 27 S	LAKE HAMILTON FL 33851

REINSTATEMENT

97-98

G. Alan
4/24/98

8. Name and Address of Current Registered Agent

BLACK, MIKE
231 US HWY 27 S
LAKE HAMILTON FL 33851

9. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)
200002512452--8
Suite, Apt. #, Etc.
05/06/98 01011-005
****300.00 ****300.00
City
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

Mike Black

REGISTERED AGENT MUST SIGN

Date

2/23/98

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:

Melanie Black/MELANIE BLACK

2/23/98

941-439-3193

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date Daytime Phone #

CR20040 (8/97)