

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham
Secretary of State

DIVISION OF CORPORATIONS

FILED

97 JAN -6 AM 8:24

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P95000002085

1. Corporation Name

CITY BEAUTIFUL LANDSCAPING, INC.

Principal Place of Business

~~3100 VINE STREET~~
ORLANDO FL 32806

Mailing Address

~~3100 VINE STREET~~
ORLANDO FL 32806

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

2. New Principal Office Address, if Applicable

200 W. Pinelawn St.
Suite, Apt. #, etc.

3. New Mailing Office Address, if Applicable

3348 Wald Rd.
Suite, Apt. #, etc.

City & State

Orlando FL

City & State

Orlando FL

Zip

32806

Country

Zip

32806

Country

REINSTATEMENT

4. Date Incorporated or Qualified
To Do Business in Florida

01/10/1995

5. FEI Number

59-3290292

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
1	2	3	4
<u>RP</u>	WOODALL, RUSSELL L	3100 VINE STREET <u>3348 Wald Rd.</u>	ORLANDO FL 32806

700002052907--2
-01/09/97--01086--015
****375.00 ****375.00

8. Name and Address of Current Registered Agent

WOODALL, RUSSELL L
~~3100 VINE STREET~~
ORLANDO FL 32806

9. Name and Address of New Registered Agent

Name

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

3348 Wald Rd.

Suite, Apt. #, Etc.

City

Orlando

State

FL

Zip Code

32806

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

Russell L Woodall

Date

9/28/96

REGISTERED AGENT MUST SIGN

11. Does this corporation pay any intangible tax to the
Dept. of Revenue under S. 199.032, Florida Statutes. 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:

Russell L Woodall

9/28/96

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