

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Jim Smith
Secretary of State
DIVISION OF CORPORATIONS

FILED

02 OCT 22 PM 12:44

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P95000025137

1. Corporation Name

EAST COAST ORNAMENTAL CARE, INC.

Principal Place of Business

301 W CAMINO GARDENS BLVD
STE 200
BOCA RATON FL 33432

Mailing Address

301 W CAMINO GARDENS BLVD
STE 200
BOCA RATON FL 33432



REINSTATEMENT 02

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

03/29/1995

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

65-0582252

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)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
P	GLEN, ANDREW	301 W CAMINO GARDENS BLVD # 200	BOCA RATON FL 33432
VP	BORN, ROBERT	301 W CAMINO GARDENS BLVD # 200	BOCA RATON FL 33432

100000564261
10/24/02--01032--007 **750.00

8. Name and Address of Current Registered Agent

GLEN, ANDREW
301N CAMINO GARDENS BLVD
STE 200
BOCA RATON FL 33432

9. Name and Address of New Registered Agent

Name

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

301 W CAMINO GARDENS BLVD

Suite, Apt. #, Etc.

#200

City

BOCA RATON, FL

State

FL

Zip Code

33432.

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 REQUIRED

REGISTERED AGENT MUST SIGN

Date

10/21/02

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 REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

10/21/02 (561)392-0977

CR2E040 (8/02)

East Coast
ECO
care, Inc.
Ornamental
Lawn Maintenance • Irrigation • Landscaping
Licensed • Insured

October 21, 2002

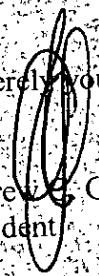
Division of Corporations
Annual Report/Reinstatement Section
P.O. Box 6327
Tallahassee, FL 32314-327

Dear Sirs:

Our application for reinstatement is enclosed. Can you please consider waiving the reinstatement fee as the prior UBR notices were not received.

Thank you for your consideration.

Sincerely yours,


Andrew E. Glen
President

Encl.

Caring for your property values

301 W. Camino Gardens Blvd. • Suite 200 • Boca Raton, FL 33432
Tel. 561-367-0029 • 1-800-579-1883 • Fax 561-361-0347

