

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



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

DOCUMENT # **P95000041575**

1. Corporation Name

TROPICAL LANDSCAPING, INC.

Principal Place of Business

P.O. BOX 8373
DELRAY BEACH FL 33482
US

Mailing Address

P.O. BOX 8373
DELRAY BEACH FL 33482
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

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

05/22/1995

5. FEI Number

65-0591294

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status



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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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 3	City / State / Zip 4
P	HEMSHER, KEITH W	2016 SW 29TH CT UNIT 5-B1	DELRAY BEACH FL 33445

6000009155086
11/21/02--01103--003 **150.00

8. Name and Address of Current Registered Agent

HEMSHER, KEITH W
2016 SW. 29TH CT
UNIT 5-B1
DELRAY BEACH FL 33445

9. Name and Address of New Registered Agent

Name

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

Suite, Apt. #, Etc.

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. or 617.0505, F.S.

Signature of
Registered Agent

Keith W. Hemsher
SIGNATURE REQUIRED
REGISTERED AGENT MUST SIGN

Date **10/30/02**

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:

Keith W. Hemsher
SIGNATURE REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date **10/30/02**
Daytime Phone #

CR2E040 (8/02)

October 30, 2002

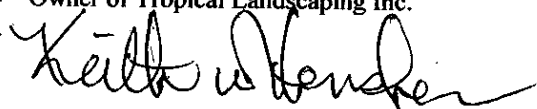
To whom it may concern,

This letter is to inform you that as of October 30, 2002, Tropical Landscaping Inc., has not received the Uniform Business Report notices (UBR forms), as to our knowledge. Enclosed with this letter are the completed application for reinstatement and the appropriate UBR filing fee for-profit corporations. If there are any questions or problems, please contact us at 561-330-9791.

Thank you,

Keith W. Hemsher

Owner of Tropical Landscaping Inc.

A handwritten signature in cursive script, appearing to read "Keith W. Hemsher", written in dark ink.