

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

04 APR 29 AM 8:38

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P95000050386

1. Corporation Name

MIKRIS LANDSCAPING, INC.

2. Principal Office Address

15420 CEDAR BLUFF PLACE

Suite, Apt. #, etc.

City & State

WELLINGTON, FL

Zip

33414

Country

PALM BEACH

3. Mailing Office Address

15420 CEDAR BLUFF PLACE

Suite, Apt. #, etc.

City & State

WELLINGTON, FL

Zip

33414

Country

PALM BEACH

REINSTATEMENT ~~03-04~~

4. Date Incorporated or Qualified

To Do Business in Florida 06/28/1995

5. FEI Number

65-0503217

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

TRIGONA, MICHAEL

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

15420 CEDAR BLUFF PLACE

Suite, Apt. #, Etc.

City

WELLINGTON

State

FL

Zip Code

33414

100034811311
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8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.

Signature of
Registered Agent

Michael Trigona

Date

4/27/04

REGISTERED AGENT MUST SIGN

9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
D	TRIGONA, MICHAEL	15420 CEDAR BLUFF PLACE	WELLINGTON, FL 33414

10. 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Michael Trigona

Date

4/27/04

Daytime Phone #

(561) 929-3319

CR2E081 (01/04)



TAX SERVICE

12570 ORANGE GROVE BLVD.
ROYAL PALM BEACH, FL 33411

TEL:(561)793-5300
FAX:(561)792-8939

APRIL 25, 2004

DIVISION OF CORPORATIONS
P.O. BOX 6327
TALLAHASSEE, FL 32314

RE: MIKRIS LANDSCAPING, INC.
DOC #P95000050386

TO WHOM IT MAY CONCERN:

I WOULD LIKE MY CORPORATION TO BE REINSTATED TO AN ACTIVE STATUS. AS PER YOUR INSTRUCTIONS, I AM ENCLOSING A CHECK FOR \$300 TO PAY FOR THE ANNUAL REPORT FEE FOR THE YEARS 2003 AND 2004. I AM AWARE THAT THERE ARE PENALTIES FOR FILING LATE. PLEASE ABATE THE PENALTIES AND THE REINSTATEMENT FEE BASED ON THE FOLLOWING:

LAST YEAR MY ACCOUNTANT, GAIL ROSARIO, WHO HAS ALWAYS FILED MY ANNUAL REPORTS WAS VERY ILL IN APRIL AND DIED IN MAY. I WAS UNAWARE THAT THE ANNUAL REPORT WAS NOT FILED. I DID NOT GET ANY OF THE NOTICES FOR THE SECOND REQUEST OR THAT WE WOULD BE ADMINISTRATIVELY DISSOLVED BECAUSE WE MOVED THREE YEARS AGO.

OUR NEW PRINCIPAL AND MAILING ADDRESS IS:

MIKRIS LANDSCAPING, INC.
15420 CEDAR BLUFF PLACE
WELLINGTON, FL 33414

PLEASE UPDATE OUR RECORDS AND REINSTATE OUR STATUS TO ACTIVE. IF YOU HAVE ANY FURTHER QUESTIONS, PLEASE DON'T HESITATE TO CONTACT MY NEW ACCOUNTANT, LEEANN GIES, AT 561-793-5300.

SINCERELY,

A large, stylized handwritten signature in black ink, appearing to read 'Michael Trigona', with a long horizontal line extending to the right.

MICHAEL TRIGONA, DIRECTOR
MIKRIS LANDSCAPING, INC.

ENCLOSURE