

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

APPROVED AND FILED

97 NOV -7 PM 2:05

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

APPLICATION FOR REINSTATEMENT



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

DOCUMENT # **P95000081086**

1. Corporation Name
THOMPSON LANDSCAPE AND DESIGN, INC.

Principal Place of Business 5051 RAMIAMI TR. N. NAPLES FL 33940	Mailing Address 4610 22ND PLACE SW NAPLES FL 33999
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REINSTATEMENT 99

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

2. New Principal Office Address, If Applicable 7060 Isle of Capri Rd.	3. New Mailing Office Address, If Applicable
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State Naples, FL	City & State
Zip 34114	Country Collier

4. Date Incorporated or Qualified To Do Business In Florida 10/23/1995		
5. FEI Number 65-0627828	Applied For <input type="checkbox"/>	Not Applicable <input checked="" type="checkbox"/>
6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$6.75 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 (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
P	THOMPSON, DONALD	4610 22ND PL. S.W.	NAPLES FL 33997
S	THOMPSON, DIANE	4610 22ND PL. S.W.	NAPLES FL 33997

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****750.00 ****750.00
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8. Name and Address of Current Registered Agent

**THOMPSON, DIANE
4610 22ND PLACE SW
NAPLES FL 33999**

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.

Signature of Registered Agent **Diane Thompson**
REGISTERED AGENT MUST SIGN

Date **10-26-97**

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: **Diane Thompson Sec 11/26/97**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date Daytime Phone #

C-22E04p (8/97)