

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED

02 APR -8 AM 10:02

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P950000 84484

1. Corporation Name

Nocturnal Landscaping Inc

2. Principal Office Address

9051 NW 20th Manor

Suite, Apt. #, etc.

City & State

Coral Springs, FL

Zip

33071

Country

USA

3. Mailing Office Address

9051 NW 20th Manor

Suite, Apt. #, etc.

City & State

Coral Springs, FL

Zip

33071

Country

REINSTATEMENT 00-02

06-14-06 90039 007 \$150.00

4. Date Incorporated or Qualified
To Do Business in Florida

1995

5. FEI Number

65-0617484

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

Christopher W. Spute

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

9051 NW 20th Manor

Suite, Apt. #, Etc.

City

Coral Springs

State

FL

Zip Code

33071

400005315204-3

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****300.00 ****300.00

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

Christopher W. Spute

REGISTERED AGENT MUST SIGN

Date

4/5/02

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
P	Christopher W. Spute	9051 NW 20 th Manor FL ^{FL}	Coral Springs FL 33071
VP	Bridget C. Spute	9051 NW 20 th Manor	Coral Springs FL 33071

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:

Bridget C. Spute

Bridget C. Spute

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/5/02

Date

954753-8220

Daytime Phone #

CR2E061 (9/01)