

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

04 MAR 31 AM 11:14

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P96000027286

1. Corporation Name

Red Bud Landscaping & Irrigation, Inc.

2. Principal Office Address

7500 Red Bud Court

3. Mailing Office Address

7500 Red Bud Court

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Orlando, FL 32807

City & State

Orlando, FL 32807

Zip

32807

Country

US

Zip

32807

Country

US

REINSTATEMENT

97-09

400031529034

03/31/04--01007--007 **500.00

**4. Date Incorporated or Qualified
To Do Business in Florida**

5. FEI Number

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

Thomas F. Neal

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

332 N. Magnolia Avenue

Suite, Apt. #, Etc.

City

Orlando,

State

FL

Zip Code

32801

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

Thomas F. Neal

Date

March 25, 2004

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
PTD	John W. Beacham	7500 Red Bud Court	Orlando, FL 32807
VSD	Kelly Beacham	7500 Red Bud Court	Orlando, FL 32807
			400031529034 03/31/04--01007--008 **300.00

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

Date

Daytime Phone #

John W. Beacham

2-15-04

407-657-0826

CR2E081 (01/04)