

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

Katherine Harris
Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT # P96000027357

1. Corporation Name

AQUA GATOR LANDSCAPING, INC.

Principal Place of Business

P O BOX 129
DAYTONA BEACH FL 32115-0129

Mailing Address

P O BOX 129
DAYTONA BEACH FL 32115-0129

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

2. New Principal Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

03/28/1996

5. FEI Number

59-3379265

Applied For

Not Applicable

6.

CERTIFICATE OF STATUS DESIRED ☐

\$8.75 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)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
D	SLONICKI, MARK	565 GERTRUDE LANE	S DAYTONA FL 32119
			200004793872--3 -01/24/02--01026--002 ****150.00 ****150.00

8. Name and Address of Current Registered Agent

SLONICKI, MARK J
565 GERTRUDE LANE
SOUTH DAYTONA FL 32119

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

SIGNATURE REQUIRED

Date

REGISTERED AGENT MUST SIGN

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CH2040 (8/01)

BUSINESS CONTROL SERVICE, INC.
435 S. RIDGEWOOD AVE. P. O. BOX 2119
DAYTONA BEACH, FL. 32115
(386) 255-5454 FAX (386) 252-3633

Florida Dept of State
Division of Corporations
P. O. Box 6327
Tallahassee, Fl. 32314

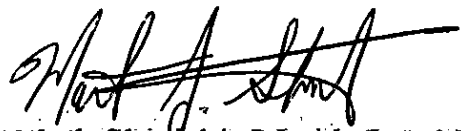
January 7, 2002
Re: #P96000027357

Dear Sir/Madam:

The taxpayer has no record of receiving previous notices. It is respectfully requested that the penalties be waived this one time. Thank you very much.

Enclosed is a check in the amount of \$150.00.

With Kindest Regards,



Mark Slonicki, President
Aqua Gator Landscaping, Inc.

CC: Business Control Service