

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE  
Glenda E. Hood  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # P96000049567

1. Corporation Name

PERMA TERA LANDSCAPING, INC.

FILED

04 APR 23 AM 11:34

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

REINSTATEMENT 03-04

Principal Place of Business

Mailing Address

4235 WOODMERE STREET  
JACKSONVILLE FL 32210

4235 WOODMERE STREET  
JACKSONVILLE FL 32210

3946 St Johns Ave #156  
Jax FL 32205

3946 St Johns Ave #156  
Jax FL 32205

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

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

3946 St Johns Ave  
Suite, Apt. #, etc.  
#156

3946 St Johns Ave  
Suite, Apt. #, etc.  
#156

City & State  
Jacksonville FL

City & State  
Jacksonville FL

Zip  
32205

Country  
USA

Zip  
32205

Country  
USA

4. Date Incorporated or Qualified  
To Do Business in Florida

06/10/1996

5. FEI Number

59-3381566

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)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
P	TINDALL, BARBARA	4249 ROBIN HOOD RD 3946 St Johns Ave #156	JACKSONVILLE FL 32210 32205
V	CRONIN, JOHN	4235 WOODMERE STREET 3946 St Johns Ave #156	JACKSONVILLE FL 32210 32205

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

TINDALL, BARBARA

4249 ROBIN HOOD RD

JACKSONVILLE FL 32210

3946 St Johns Ave  
#156

Jacksonville FL 32205

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. or 617.0505, F.S.

Signature of  
Registered Agent

Barbara Tindall

REGISTERED AGENT MUST SIGN

Date

4/20/04

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:

John V. Cronin

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4-20-04 904509-1255

CR2ED40 (7/03)