

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



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

FILED

02 JUN 19 AM 8:39

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P96000052427

1. Corporation Name

NU TURF LAWN & GARDEN CENTER OF MARGATE, INC.

Principal Place of Business

1785 NORTH STATE ROAD 7  
MARGATE FL 33063  
US

Mailing Address

1785 NORTH STATE ROAD 7  
MARGATE FL 33063  
US

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

06/18/1996

5. FEI Number

65-0673084

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
VD	CHRISTENSEN, HARRY A	1785 N STATE RD 7	MARGATE FL 33063
PD	BONO, NANCY B	1785 N STATE RD 7	MARGATE FL 33063
STD	BONO, JOHN	1785 N STATE RD 7	MARGATE FL 33063
D	BONO, A J	1785 N STATE RD 7	MARGATE FL 33063
			800005970568--3 -06/25/02--01041--017 ***1058.75 ***1058.75

8. Name and Address of Current Registered Agent

SEILER, JOHN P ESQ.  
2900 EAST OAKLAND PARK BLVD. STE 200  
FORT LAUDERDALE FL 33306

9. Name and Address of New Registered Agent

Name Joanne Fanizza, Esquire  
Street Address (P.O. Box Number is Not Acceptable)  
2700 E. Oakland Park Blvd.  
Suite, Apt. #, Etc. Suite D  
City Fort Lauderdale State FL Zip Code 33306

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

*John P. Seiler*  
REGISTERED AGENT MUST SIGN

Date 4/24/02

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.

CR2E040 (8/00)

SIGNATURE:

*John P. Seiler*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/24/02 (954) 972-9425  
Date Daytime Phone #