

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

04 APR -7 PM 1:20

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P96000063883

1. Corporation Name

TOTAL GROUND MAINTENANCE, INC.

2. Principal Office Address

3130 Carisudo Court

Suite, Apt. #, etc.

3. Mailing Office Address

P.O. Box 533480

Suite, Apt. #, etc.

City & State

Orlando, FL

Zip

32812

Country

Orange

City & State

Orlando, FL

Zip

32853

Country

Orange

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

07/29/1996

5. FEI Number

59-3404811

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

Robert S. Seligson

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

3130 Carisudo Court

Suite, Apt. #, Etc.

City

Orlando

State

FL

Zip Code

32812

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0501, F.S.

Signature of
Registered Agent

Robert Seligson

REGISTERED AGENT MUST SIGN

Date

4/2/04

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
D P	Robert S. Seligson	3130 Carisudo Court	Orlando, FL 32812

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: X

Robert Seligson

Robert S. Seligson

President

4/2/04

Date

(407)832-9847

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Daytime Phone #

CR2081 (01/04)