

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



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

FILED

03 OCT 13 AM 8:37

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P96000103063

1. Corporation Name

JENNIFER LOWN LANDSCAPE DESIGN, INC.

2642 TITANIA RD

Principal Place of Business

PO Box 1871

Mailing Address

BOCA GRANDE FL

2642 TITANIA ROAD

ENGLEWOOD FL 34224

2642 TITANIA ROAD

ENGLEWOOD FL 34224



REINSTATEMENT 03

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

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

01/01/1997

5. FEI Number

65-0716311

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	LOWN, JENNIFER	2642 TITANIA ROAD	ENGLEWOOD FL 34224

300023749133
10/13/03--01058--019 **150.00

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

LOWN, JENNIFER
2642 TITANIA ROAD
ENGLEWOOD FL 34224

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

JENNIFER LOWN
REGISTERED AGENT MUST SIGN

Date 10/10/03

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:

JENNIFER LOWN
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

10/10/03 941-473-1871

Jennifer Lown

Landscape Design, Inc.
P.O. Box 1871
Boca Grande, Florida 33921


Telephone 941-473-1871

10/10/03

Dear Sirs,

I did not receive the two prior uniform business report notices from your office. It could be that it was sent to a different address other than my business address. I am very sorry this happened and wish to reinstate. Please do not hesitate to contact me with any questions or corrections.

Sincerely,


Jennifer Lown
president