

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

APPROVED  
AND  
FILED

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE

**Katherine Harris**

Secretary of State

DIVISION OF CORPORATIONS

00 APR 11 PM 2:44

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # 797000047160

**1. Corporation Name**

A One Stop Landscaping Supplies, Inc.  
5369 W. Hillsboro Blvd.  
Coconut Creek, FL 33073

800003223948--7

04/25/00--01108--007

\*\*\*900.00 \*\*\*300.00

**2. Principal Office Address**

**3. Mailing Office Address**

5369 W. Hillsboro Blvd.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Coconut Creek, FL

Zip

Country

Zip

Country

33073

USA

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

5-22-97

**5. FEI Number**

65-0759942

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

Michel Bouckard

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

5369 W. Hillsboro Blvd.

Suite, Apt. #, Etc.

City

Coconut Creek

State

FL

Zip Code

33073

**8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.**

Signature of  
Registered Agent

Date

REGISTERED AGENT MUST SIGN

**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	Michel Bouckard	4820 NW 74th Place Pompano Beach, FL 33073	Pompano Beach, FL 33073
D	James Brunner	5520 NW 50th Way	Coconut Creek, FL 33073

REINSTATEMENT 99-00

**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:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E081 (9/99)