

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



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

FILED

99 NOV -1 AM 11:07

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P97000048896

1. Corporation Name

NATURE'S CHOICE LAWN CARE AND ORNAMENTAL INC.

Principal Place of Business

Mailing Address

1859-104 CARAVAN TRL
104
JAX FL 32216
US

PO BOX 1716
JAX FL 32255-716
US



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

2760 Belfort Rd.
Suite, Apt. #, etc.
Jacksonville, FL
City & State

P.O. Box 551716
Suite, Apt. #, etc.
Jacksonville FL
City & State

Zip 32216 Country Duval

Zip 32255-1716 Country Duval

4. Date Incorporated or Qualified
To Do Business in Florida

06/03/1997

5. FEI Number

59-3451914

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
PO	REDMAN, RICHARD D	7153 SANSOUCI RD	JAX FL 32216
CS	REDMAN, VIRGINIA B	7153 SANSOUCI RD	JAX FL 32216

100003038871--3
-11/09/99-01007-018
****150.00 ****150.00

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

REDMAN, RICHARD D
7153 SAN SOUCI RD.
JACKSONVILLE FL 32216

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.

Signature of
Registered Agent

Richard Redman

Date

10/27/99

REGISTERED AGENT MUST SIGN

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Richard Redman

Date

10/27/99

Daytime Phone #

(904) 725-2889

CR2040 (8/99)

KE

*Nature's Choice
Lawn Care & Ornamental Inc.,*

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October 27, 1999

Florida Department of State
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

RE: Renewal of Filing Fee

To Whom it may concern:

I am writing concerning our renewal for corporation. I need to request a waiver on our refiling fee. The renewal notice was sent to the wrong address. Our mailing address is P.O. Box 551716 Jacksonville FL 32255-1716. I am now aware that we are to renew by May 1, regardless if I see the renewal notice or not. I am inclosing a check for \$150.00 to renew our incorporation. Thank you.

Sincerely,



Richard D. Redman
Owner

RR/GR

P.O. Box 551716
Jacksonville, FL
32255-1716
Phone (904) 725-1889
Fax (904) 725-6007