

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



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

FILED

99 OCT 26 PM 3:13

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P97000054043**

1. Corporation Name

GREEN EARTH LANDSCAPE NURSERY, INC.

Principal Place of Business

Mailing Address

3889 SAN CAP ROAD
SANIBEL FL 33957

3889 SAN CAP ROAD
SANIBEL FL 33957

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

06/19/1997

5. FEI Number

65-0765154

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
PDT	SCOTT, STEVE	3889 SAN CAP ROAD	SANIBEL FL 33957
SVD	GIMENEZ-SCOTT, ELIZABETH	3889 SAN CAP ROAD	SANIBEL FL 33957

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-11/09/99--01007--010
***150.00 ***150.00

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

GIMENEZ-SCOTT, ELIZABETH
3889 SAN-CAP ROAD
SANIBEL FL 33957

Name
DAVID A OWENS

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

1098 SAND CASTLE RD

Suite, Apt. #, Etc.

City
SANIBEL

State
FL

Zip Code
33957

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

Elizabeth Scott

REGISTERED AGENT MUST SIGN

NEW

10/20/99

Date *10-21-99*

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:

Steve Scott *Steve Scott*

10-21-99

Date

Daytime Phone #



GREEN EARTH LANDSCAPE NURSERY INC.
Land Planning-Landscape Design-Installation-Grounds Maintenance

October 21, 1999

State of Florida
Divisions of Corporations
P. O. Box 6327
Tallahassee FL 32314-6327

To Whom it may concern:

I am writing this letter in response to the document of dissolution our company recently recieved. Please be advised that we did not recieve any documentation prior to this notice and were unaware that we were delinquent in our annual fee.

This was an inadvertant error and we have appointed a new agent so this does not happen again in the future. I am sending the completed form and a check for \$ 150.00. We appreciate your understanding regarding this matter, and hope you understand that our failure to send payment on time was not intentional

Steve Scott
President