

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.
FILED

03 JUN 17 AM 7:55

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P7000055649

1. Corporation Name

FLORA LANDSCAPING, INC.

REINSTATEMENT

000020928640
06/17/03--01047--004 **900.00

2. Principal Office Address

616 W. Michigan St.

Suite, Apt. #, etc.

3. Mailing Office Address

616 W. Michigan St.

Suite, Apt. #, etc.

City & State

Orlando, Florida

Zip
32805

Country
U.S.

City & State

Orlando, Florida

Zip
32805

Country
U.S.

4. Date Incorporated or Qualified
To Do Business in Florida

5. FEI Number

59-3454371

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

Henry Samaan

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

4314 Blonigen Ave.

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 617.0503, 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
Pres.	Henry Samaan Jr.	4314 Blonigen Ave	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:

Henry Samaan Jr.
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

6/12/03
Date

407-509-5302
Daytime Phone #

CR25061 (10/02)

gr 6/18