

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**APPLICATION
FOR
REINSTATEMENT**



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

DOCUMENT # P97000059052

1. Corporation Name

GARDENER'S ENVIRONMENTAL LANDSCAPE MANAGEMENT, INC.

Principal Place of Business

Mailing Address

3701 SW 112TH AVENUE
DAVIE FL 33330

3701 SW 112TH AVENUE
DAVIE FL 33330

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

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
PD	GARDNER, PETER	3701 SW 112TH AVENUE	DAVIE FL 33330
STD	GRIFFIN, TIMOTHY	10141 SW 16TH PLACE	DAVIE FL 33324
S	Lucette L. FitzGerald	541 SW 178 Way	Pembroke Pines, FL 33330
T	Carol A. Anderson	11503 SW 53 PL	Cooper City, FL 33330

8. Name and Address of Current Registered Agent

GARDNER, PETER
3701 SW 112TH AVENUE
DAVIE FL 33330

9. Name and Address of New Registered Agent

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 Peter C. Gardner
REGISTERED AGENT MUST SIGN

Date 10/11/01

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: Peter C. Gardner
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date 10/11/01 (954) 473-4233
Daytime Phone #

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

01 OCT 29 PM 5:23

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***750.00 ***750.00



REINSTATEMENT 01

4. Date Incorporated or Qualified
To Do Business in Florida

07/08/1997

5. FEI Number

65-0772131

Applied For

Not Applicable

6.

CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

CR2640 (8/01)