

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**APPLICATION FOR REINSTATEMENT**

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



FILED  
 SECRETARY OF STATE  
 DIVISION OF CORPORATIONS

01 OCT 29 PM 5:23

DOCUMENT # **P97000059052**

1. Corporation Name

**GARDNER'S ENVIRONMENTAL LANDSCAPE MANAGEMENT, INC.**

000004679380--8  
 -11/15/01--01001--008  
 \*\*\*\*750.00 \*\*\*\*750.00

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

**REINSTATEMENT 01**

4. Date Incorporated or Qualified To Do Business in Florida

07/08/1997

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

65-0772131

Applied For

Not Applicable

City & State

City & State

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
PD	GARDNER, PETER	3701 SW 112TH AVENUE	DAVIE FL 33330
<del>STD</del>	<del>GRIFFIN, TIMOTHY</del>	<del>10141 SW 16TH PLACE</del>	<del>DAVIE FL 33324</del>
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

9. Name and Address of New Registered Agent

GARDNER, PETER  
 3701 SW 112TH AVENUE  
 DAVIE FL 33330

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

Date 10/11/01

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: Peter C. Gardner

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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CPRE040 (8/01)