

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 DEC 10 PM 5:17

DOCUMENT # P97000063370

1. Corporation Name

NELSON LANDSCAPE MANAGEMENT, INC.

Principal Place of Business

16148 73RD TERRACE NORTH
PALM BEACH GARDENS FL 33418

Mailing Address

16148 73RD TERRACE NORTH
PALM BEACH GARDENS FL 33418

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

16351 - 75TH WAY NORTH

Suite, Apt. #, etc.

City & State
PALM BEACH GARDENS FLA

Zip

33418

Country

PALM BEACH

3. New Mailing Office Address, If Applicable

NELSON LANDSCAPE MGT INC

Suite, Apt. #, etc.

16351 - 75TH WAY NORTH

City & State
PALM BEACH GARDENS, FLA

Zip

33418

Country

PALM BEACH

4. Date Incorporated or Qualified
To Do Business in Florida

07/21/1997

5. FEI Number

15-0765915

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)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
DP	NELSON, ERIC	16148 73RD TERRACE NORTH	PALM BEACH GARDENS FL 33418
		16351 75th Way North	500004726565--2 -12/14/01--01042--010 ****750.00 ****750.00

8. Name and Address of Current Registered Agent

NELSON, ERIC
16148 73RD TERRACE NORTH
PALM BEACH GARDENS FL 33418

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

REGISTERED AGENT MUST SIGN

Date

11-26-01

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:

ERIC E. NELSON

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

11.26.01

Date

561.743.6410

Daytime Phone #

CR2E040 (8/01)