

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



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

FILED
00 JAN 27 AM 9:31
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P97000073167

1. Corporation Name

GULF COAST LANDSCAPE SUPPLY, INC.

Principal Place of Business

5000 DAVIS BLVD.
NAPLES FL 34104

Mailing Address

5000 DAVIS BLVD.
NAPLES FL 34104



REINSTATEMENT 09-00

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

4. Date Incorporated or Qualified
To Do Business in Florida

08/21/1997

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

65-0802612

Applied For

Not Applicable

City & State

City & State

Zip

Country

Zip

Country

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
D/P	DANKS, JOHN A	5000 DAVIS BLVD.	NAPLES FL 34104
VP	ROSE, ELIZABETH J.	5000 Davis Blvd	Naple 34104
			400003119214--5 -02/01/00--01117--001 ****750.00 ****750.00
			400003119214--5 -02/01/00--01117--002 ****150.00 ****150.00

8. Name and Address of Current Registered Agent

DANKS, JOHN A
5000 DAVIS BLVD.
NAPLES FL 34104

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

[Signature]
J. J. J.

REGISTERED AGENT MUST SIGN

Date

11/10/00

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:

[Signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Elizabeth J. Rose

Date

11/10/00

Daytime Phone #

941 2749682

KE

CR2E040 (8/99)