PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

02 OCT 28 AM 8:24

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
[redacted]
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P97000094640

1. Corporation Name
GRAPEVINE LANDSCAPING, INC

2. Principal Office Address
5727 N.W. 119 DRIVE
Suite, Apt. #, etc.
City & State
CORALSPRINGS, FLA
Zip 33076 Country

3. Mailing Office Address
PO BOX 772232
Suite, Apt. #, etc.
City & State
CORALSPRINGS, FLA
Zip 33077 Country USA

4. Date Incorporated or Qualified To Do Business in Florida 1/13/98

5. FEI Number 65-0795255 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
ORONZO COPPOLA
Street Address (P.O. Box Number is Not Acceptable)
5727 N.W. 119 DRIVE
Suite, Apt. #, Etc.
City CORAL SPRINGS State FL Zip Code 33076

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10/28/02--01134--002 **300.00

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 (X) Oronzo Coppola
RECISTERED AGENT MUST SIGN

Date 10/14/02

CR2E06 (10/01)

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
P, D	ORONZO COPPOLA	5727 N.W 119 DRIVE	CORAL SPRINGS, FLA

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 the 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: (X) Oronzo Coppola
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date 10/14/02

954 227-1531
Daytime Phone #

JP 11/4/02

GRAPEVINE LANDSCAPING, INC.
P.O. BOX 772232
CORAL SPRINGS, FLORIDA 33077-2232
954 227-1531

October 14, 2002

Department of State
Division of Corporations
Post Office Box 6327
Tallahassee, Florida 32314

Gentlemen:

On October 4, 2002, I contacted your office regarding the late filing of my corporation annual report form which I never received in the mail.

You checked your records and found that you had the wrong address for me and corrected it for next year.

At your request, I have completed a new form that you mailed me with the corrected information.

Please accept this completed form and my enclosed check for $ ~~150.00~~. 300.00

Your attention to this matter is greatly appreciated.

Yours Truly,

Oronzo Coppola
President
Grapevine Landscaping, Inc.