

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

page 1 of 1

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

04 MAY -6 PM 12:03

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **PA8000005313**

1. Corporation Name

ENVIRO-GROUNDS, INC.

2. Principal Office Address

1709 CYPRESS RIDGE DR.

3. Mailing Office Address

SAME

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

ORLANDO, FL

City & State

Zip

32825

Country

US

Zip

Country

4. Date Incorporated or Qualified

To Do Business in Florida 1998

5. FEI Number

59-3499966

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

GARY DOSSANTOS

Street Address (P.O. Box Number is Not Acceptable)

1709 CYPRESS RIDGE DR.

Suite, Apt. #, Etc.

City

ORLANDO

State

FL

Zip Code

32825

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

[Signature]

Date

5-3-04

REGISTERED AGENT MUST SIGN

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
PRES.	GARY DOSSANTOS	1709 CYPRESS RIDGE DR.	ORLANDO, FL 32825

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 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

Date

5-3-04

Daytime Phone #

407-207-0034

CR25081 (01/04)

PAYOR

May 3, 2004

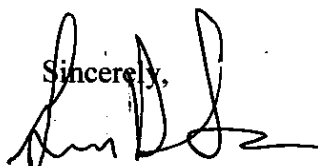
Florida Department of State
Division of Corporations

To Whom It May Concern:

The accompanying reinstatement document was sent following instruction from a representative of your office. I had a change of address back at the end of 2000. We moved into a new house and had a baby a week later. I was very careful in changing my address on all my monthly billing statements, but being that the annual report came out after my forwarding period was over, I just completely forgot that I was not paying my annual reporting fees. This is my fault, but I was told to send this information along with an explanation to possibly avoid the full fee. I have enclosed \$600.00.

Thank you very much

Sincerely,



Gary DosSantos