

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

**CORPORATION
REINSTATEMENT**



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

02 MAY 28 PM 2:21

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P98000017480

1. Corporation Name

LEAF DESIGNS INTERIORSCAPING, INC.

2. Principal Office Address

3521 KING GEORGE LANE

Suite, Apt. #, etc.

3. Mailing Office Address

3521 KING GEORGE LANE

Suite, Apt. #, etc.

City & State

SEFFNER, FLORIDA

Zip

33584

Country

USA

City & State

SEFFNER, FLORIDA

Zip

33584

Country

USA

4. Date Incorporated or Qualified
To Do Business in Florida

2-24-98

5. FEI Number

59-3353257

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

BARBARA J. REYNOLDS

300005754033-5

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

2002 N. LOIS AVENUE

-06/11/02-01099-001

****300.00 ****300.00

Suite, Apt. #, Etc.

SUITE 160

City

TAMPA

State

FL

Zip Code

33607

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

Barbara J. Reynolds
REGISTERED AGENT MUST SIGN

Date May 21, 2002

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 | BOYD TRAVIS | 3521 KING GEORGE LANE | SEFFNER, FLORIDA 33584 |
| S/T | PATRICIA J. LEMLE-TRAVIS | 3521 KING GEORGE LANE | SEFFNER, FLORIDA 33584 |
| | | | 201.25-AR |
| | | | 10.00-ARARTS |
| | | | 88.75-ARSUPP |

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:

Patricia J. Lemle Travis

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5-21-2002 813-690-1200

Date

Daytime Phone #

CR2E081 (9/01)