

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



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

FILED

02 APR 29 AM 10:18

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **948000032089**
1. Corporation Name **KING'S CREW LANDSCAPERS INC.**

2. Principal Office Address

4040 NE G AVE

Suite, Apt. #, etc.

3. Mailing Office Address

4040 NE G AVE

Suite, Apt. #, etc.

City & State

Pompano Beach Florida

City & State

Pompano Beach Florida

Zip

Country

33064

BROWARD

Zip

33064

Country

BROWARD

4. Date Incorporated or Qualified
To Do Business in Florida

4-6-1998

5. FEI Number

65-0831836

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

Curtis T Miller

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

4040 NE G AVE

Suite, Apt. #, Etc.

City

Pompano Beach

State

FL

Zip Code

33064

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

Curtis T Miller

REGISTERED AGENT MUST SIGN

Date

4-23-02

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	Curtis T Miller	4040 NE G AVE	Pompano Beach FL 33064

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: **Curtis T Miller**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Curtis T Miller

Date

4-23-02

954 448-4423

Daytime Phone #

CR2E081 (9/01)

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PAGE NO.

DATE

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DEPARTMENT OF STATE LAST YEAR
IN APRIL I MAILED A CHECK TO YOU
IT WAS NEVER CASHED PURSUANT TO OUR
CONVERSATION ON APRIL 15 I AM ENCLOSED
A CHECK FOR 300.00 AND 8.75 FOR CERTIFICATION
OF STATUS.

Auto T Miller