

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

Jim Smith

Secretary of State

DIVISION OF CORPORATIONS

FILED

02 NOV 21 PM 2:02

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P98000033518

1. Corporation Name

MYOB LANDSCAPE, INC.

Principal Place of Business

1111 30TH AVE N
ST PETERSBURG FL 33704

Mailing Address

1111 30TH AVE N
ST PETERSBURG FL 33704

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

04/13/1998

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

59-3503786

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
DPS	LONG, DAVID JR	1111 30TH AVE N	ST PETERSBURG FL 33704

8. Name and Address of Current Registered Agent

LONG, DAVID JR
1111 30TH AVE N
ST PETERSBURG FL 33704

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. or 617.0505, F.S.

Signature of
Registered Agent

SIGNATURE REQUIRED

Date

REGISTERED AGENT MUST SIGN

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 REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

11-19-02

CR2E040 (8/02)

MYOB Landscape, Inc.
Mr. David Long, Jr.
1111-30th Avenue N.
St. Petersburg, FL 33704

October 31, 2002

Division of Corporations
Annual Report/Reinstatement Section
P. O. Box 6327
Tallahassee, FL 32314-6327

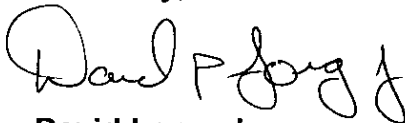
Dear Sir/Madam:

Enclosed please find my "Application for Reinstatement" along with my check for \$150.00. Please process my application accordingly.

I was quite alarmed when I received this "Notice of Administrative Dissolution or Revocation". This is the first notice I received. My accountant told me that I should have received the original notice at the beginning of the year, and a "late notice" after that, but I do not recall receiving any other correspondence other than this notice.

I would appreciate you accepting this "Application for Reinstatement" as timely filed. I will make every effort to file timely in the future.

Sincerely,



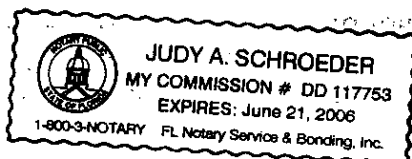
David Long, Jr.

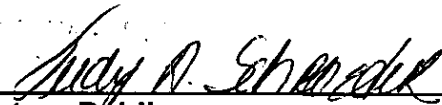
DL/jas

Under penalty of perjury, the above individual declares that to the best of their knowledge and belief, the statements contained herein are true, correct and complete.

State of Florida
County of Pinellas

On the 31st day of October, 2002, before me came David Long, to me known to be the individual described in and who executed the foregoing instrument and acknowledge that he executed same.




Notary Public