

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

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| APPLICATION FOR REINSTATEMENT | | FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS | | FILED SECRETARY OF STATE DIVISION OF CORPORATIONS 99 OCT 14 PM 5:50 | |
| DOCUMENT # P98000049616 | | | | | |
| 1. Corporation Name CAPE HORTICULTURE & LANDSCAPING, INC. | | | | | |
| Principal Place of Business 1375 JACKSON ST., #202 FORT MYERS, FL 33901 | | Mailing Address 1375 JACKSON ST., #202 FORT MYERS, FL 33901 | | | |
| If above addresses are incorrect in any way, line through incorrect information and enter correction below. | | | | | |
| 2. New Principal Office Address, if Applicable 2312 BRUNER LANE Suite, Apt. #, etc. | | 3. New Mailing Office Address, if Applicable 2312 BRUNER LANE Suite, Apt. #, etc. | | 4. Date Incorporated or Qualified To Do Business in Florida 06/03/98 | |
| City & State FORT MYERS, FL | | City & State FORT MYERS, FL | | 5. FEI Number 65-0844111 | |
| Zip 33912 | | Zip 33912 | | 6. <input type="checkbox"/> CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$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) | Name of Officers and/or Directors | Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers) | City / State / Zip | | |
| P/D | VICTORIA S. DELROSE | 8000 GLEN ABBEY CIRCLE | FORT MYERS, FL 33912 | | |
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| 8. Name and Address of Current Registered Agent KUSHNER, STEVEN P. 1375 JACKSON STREET #202 FORT MYERS, FL 33901 | | | 9. Name and Address of New Registered Agent Name VICTORIA S. DELROSE Street Address (P.O. Box Number is Not Acceptable) 8000 GLEN ABBEY CIRCLE Suite, Apt. #, Etc. City FORT MYERS | | |
| | | | State FL | | |
| | | | Zip Code 33912 | | |
| 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. Signature of Registered Agent <u><i>Victoria S. Delrose</i></u> Date <u>10-12-99</u> REGISTERED AGENT MUST SIGN | | | | | |
| 11. This corporation owes or has paid the current year Intangible Personal Property tax due June 30. Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> (See other side for information on intangible tax.) | | | | | |
| 12. 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 name 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: <u><i>Victoria S. Delrose</i></u> | | | 10-12-99 941-590-9499 | | |
| SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR | | | Date | | |