

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



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

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

99 OCT 28 PM 4:29

DOCUMENT # P98000069719

1. Corporation Name

VISUAL IMPACT PLANTS AND LANDSCAPING SERVICES,  
INC.

Principal Place of Business

Mailing Address

500 KENTUCKY AVENUE  
CRYSTAL BEACH FL 34681

500 KENTUCKY AVENUE  
CRYSTAL BEACH FL 34681



If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. Previous Office Address, If Applicable

P.O. BOX 144  
Suite, Apt. #, etc.

3. New Mailing Office Address, If Applicable

P.O. BOX 144  
Suite, Apt. #, etc.

4. Date Incorporated or Qualified  
To Do Business in Florida

08/06/1998

5. FEI Number

59-3525136

Applied For

Not Applicable

City & State  
CRYSTAL BEACH, FLA

City & State  
CRYSTAL BEACH, FLA

Zip  
34681 PINELLAS

Zip  
34681 PINELLAS

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)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
P/D	JAMES B RHODES	P.O. BOX 144 500 KENTUCKY AVE	CRYSTAL BEACH, FLORIDA, 34681

200003035472-2  
-11/04/99--01085--008  
\*\*\*\*\*150.00 \*\*\*\*\*150.00

Bm/3

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

RHODES, JAMES B  
500 KENTUCKY AVENUE  
CRYSTAL BEACH FL 34681

Name

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

500 KENTUCKY AVE P.O. BOX 144

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.

Signature of  
Registered Agent

James B Rhodes

REGISTERED AGENT MUST SIGN

Date 10/22/99

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:

James B Rhodes

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10/22/99

Date

Daytime Phone #

CP2E040 (8/99)