

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

10f2

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

**FILED**

06 AUG 24 PM 3:40

RECEIVED  
FLORIDA DEPARTMENT OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P98000076537

**1. Corporation Name**

Fitzgissons Landscaping Inc

**2. Principal Office Address**

18425 128<sup>th</sup> Tr. N.

Suite, Apt. #, etc.

**3. Mailing Office Address**

18425 128<sup>th</sup> Tr. N.

Suite, Apt. #, etc.

**City & State**

Jupiter FL

Zip

33478

Country

Palm Beach

**City & State**

Jupiter FL

Zip

33478

Country

Palm Beach

**REINSTATEMENT**

04-06

**4. Date Incorporated or Qualified  
To Do Business in Florida**

8/27/98

**5. FEI Number**

65-0859064

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

Andrew Fitzgissons

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

18425 128<sup>th</sup> Tr. N.

Suite, Apt. #, Etc.

City

Jupiter

State

FL

Zip Code

33478

**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

*Andrew Fitzgissons*

REGISTERED AGENT MUST SIGN

Date 8/21/06

**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
President	Andrew Fitzgissons	18425 128 <sup>th</sup> Tr. N.	Jupiter FL 33478

900079215719  
08/28/06--01023--014 \*\*450.00

**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 contained in Chapter 119, 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:

*Andrew Fitzgissons*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Andrew Fitzgissons

Date

8/21/06 339-1246

Daytime Phone #

B. Mitchell AUG 24 2006

Zuf2

**Fitzgibbons Landscaping Inc.**

Andrew Fitzgibbons

18425 128<sup>th</sup> Tr. N.

Jupiter FL 33478

561-747-7991

Fax: 561-743-5501

cell # 561-339 -1246

Due to my divorce and moving several times since 2004 I never received mail regarding corp. filing. After speaking with your office I am enclosing fees for 04 thru 06.

Sincerely

Andrew Fitzgibbons