

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



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

**FILED**

01 APR 19 PM 12:37

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # 998000080484

1. Corporation Name

Calvert's Landscape & Maintenance, Inc.

2. Principal Office Address

3927 Ocoee-Apopka Road

3. Mailing Office Address

3927 Ocoee-Apopka Road

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Apopka, FL

City & State

Apopka, FL

Zip

32703

Country

USA

Zip

32703

Country

USA

**REINSTATEMENT**

99-01

4. Date Incorporated or Qualified  
To Do Business in Florida

09/14/1998

5. FEI Number

59-353551

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

Kenneth W. Calvert

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

3927 Ocoee-Apopka Road

Suite, Apt. #, Etc.

City

Apopka

State

FL

Zip Code

32703

200004192392-9

-05/10/01--01017--014

\*\*\*1050.00 \*\*\*1050.00

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

*Kenneth W. Calvert*

REGISTERED AGENT MUST SIGN

Date

4/13/01

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
Dir	Kenneth W. Calvert	3927 Ocoee-Apopka Road	Apopka, FL 32703
			LS

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:

*Kenneth W. Calvert*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Kenneth W. Calvert

Date

4/13/01 407-832-5805

Daytime Phone #

CR2E081 (9/00)