

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

06 JAN 27 PM 2:12

SECRET
TALLAHASSEE, FLORIDA

DOCUMENT # P98000094805

1. Corporation Name

ALWAYS LANDSCAPING, INC.

2. Principal Office Address

3001 161st Terrace N

Suite, Apt. #, etc.

City & State

Loxahatchee, FL

Zip

33470

Country

US

3. Mailing Office Address

3001 161st Terrace N

Suite, Apt. #, etc.

City & State

Loxahatchee, FL

Zip

33470

Country

US

800067013558
03/03/06--01022--030 **1800.00

REINSTATEMENT
99-06

4. Date Incorporated or Qualified
To Do Business in Florida

11/06/98

5. FEI Number
none

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

Gary Walk

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

515 N. Flagler Drive

Suite, Apt. #, Etc.

18th Floor

City

West Palm Beach

State

FL

Zip Code

33401

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

Gary Walk

REGISTERED AGENT MUST SIGN

Date 1/10/06

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
D ^o	Camile Monroe	3001 161st Terrace N	Loxahatchee, FL 33470

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:

Camile Monroe

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/10/06

Date

(561) 329-0182

Daytime Phone #