

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

06 JAN -9 PM 2:24

CLERK OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P98000102418

1. Corporation Name

GREENSCAPE LANDSCAPE CONTRACTORS, INC.

2. Principal Office Address

509 Southeast Avenue E.

Suite, Apt. #, etc.

City & State

Belle Glade, FL

Zip
33430

Country

United States

3. Mailing Office Address

509 Southeast Avenue E.

Suite, Apt. #, etc.

City & State

Belle Glade, FL

Zip
33430

Country

United States

REINSTATEMENT

02-06

CR2E081 (12/05)

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

5. FEI Number

650864501

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

William S. Poole

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

509 Southeast Avenue E.

Suite, Apt. #, Etc.

City

Belle Glade

State

FL

Zip Code

33430

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

Date 1/4/06

REGISTERED AGENT MUST SIGN

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
DPVST	William S. Poole	100 Southeast 4th St. North	Belle Glade, FL 33430

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:

William S. Poole

1/4/06

(561) 261-3924

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #