

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



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

FILED

01 MAY -2 PM 4:30

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P99000000910

1. Corporation Name

SHARPER EDGE LANDSCAPING, INC.

Principal Place of Business

Mailing Address

17137 ARROWHEAD BLVD.
WINTER GARDEN FL 34787

17137 ARROWHEAD BLVD.
WINTER GARDEN FL 34787

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

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

4. Date Incorporated or Qualified
To Do Business in Florida

01/05/1999

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

Applied For

City & State

City & State

59-3556060

Not Applicable

Zip

Country

Zip

Country

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)

Title(s)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
1	2	3	4
P	Fletcher Adams	17137 Arrowhead Blvd	Winter Garden FL 34787
T/V	Angela Halay	17151 Arrowhead Blvd	Winter Garden FL 34787
			500004324405-7
			-05/29/01-01010-012
			****900.00 ****900.00
			REINSTATEMENT 00-01 78

8. Name and Address of Current Registered Agent

ADAMS, FLETCHER
17137 ARROWHEAD BLVD.
WINTER GARDEN FL 34787

9. Name and Address of New Registered Agent

Name

W. JEFFRY STEIN

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

1420 ALAFAYA TRAIL

Suite, Apt. #, Etc.

101

City

ORLANDO

State

FL

Zip Code

32765

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

[Signature]

Date

2/13/2001

REGISTERED AGENT MUST SIGN

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:

[Signature] Fletcher Adams

10-20-00 407-810
Date Daytime Phone # 8966