

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**FILED**  
**Aug 05, 2005 8:00 A.M.**  
**Secretary of State**

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

*W-0500034677*

DOCUMENT # P99000033406

**1. Corporation Name**

The Right Landscaping, Inc.

**2. Principal Office Address**

1651 NW 15th Avenue

Suite, Apt. #, etc.

City & State

Pompano Beach, FL 33069

Zip

33069

Country

USA

**3. Mailing Office Address**

Same

Suite, Apt. #, etc.

City & State

Zip

Country

**REINSTATEMENT**

*01-05*

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

*4/12/1999*

**5. FEI Number**

65-0917842

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

Gregory B. King

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

1651 Northwest 15th Avenue

Suite, Apt. #, Etc.

City

Pompano Beach, FL

State

FL

Zip Code

33069

**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

*Gregory B. King*

REGISTERED AGENT MUST SIGN

Date 07/30/2005

**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
P; VP S; T	Gregory B. King	1651 NW 15th Avenue	Pompano Beach, FL 33069
			08/11/05--01039--028 **500.00
			08/11/05--01039--029 **500.00

**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 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:

*Gregory B. King*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

07/30/2005 (954)977-7031

Date

Daytime Phone #

CR2E081 (07/05)

*8/10/05*