

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



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

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

00 DEC 15 AM 10:08

DOCUMENT # P99000054344

1. Corporation Name

CLEFT LANDSCAPE MANAGEMENT, INC.

2. Principal Office Address

6090 TERRY RD., #507

Suite, Apt. #, etc.

507

City & State

JACKSONVILLE, FL

Zip  
32216

Country

DUVAL

3. Mailing Office Address

8750 PERIMETER PARK BLVD.

Suite, Apt. #, etc.

City & State

JACKSONVILLE, FL

Zip

32216-6347

Country

DUVAL

REINSTATEMENT

4. Date Incorporated or Qualified  
To Do Business in Florida

06/14/99

5. FEI Number

59-3579372

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

LOCKWOOD, DAVID C.

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

6090 TERRY RD., #507

Suite, Apt. #, Etc.

507

City

JACKSONVILLE

State

FL

Zip Code

32216

600003515546-8

12/28/00-01039-019

\*\*\*\*750.00 \*\*\*\*750.00

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

*David C. Lockwood*

Date 12-12-00

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
PD	LOCKWOOD, DAVID C.	6090 TERRY RD., #507	JACKSONVILLE, FL 32216

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:

*David C. Lockwood*

DAVID C. LOCKWOOD, PR. 12-10-00

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E001 (9/99)