

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT

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

DOCUMENT # P99000082665

1. Corporation Name

TIM HEALY LANDSCAPE & DESIGN, INC.

Principal Place of Business

Mailing Address

BURGANDY FARMS ROAD NO 19311  
ESTRO FL 33928

PO BOX 901  
ESTER FL 33907

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

09/13/1999

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

65-0952555

Applied For

Not Applicable

City & State

City & State

Zip

Country

Zip

Country

6. 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)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
Pres. Secy Dir.	Tim Healy	Burgundy Farms Road # 19311 Estero, FL 33928	Estero, FL 33928

3000003491369--0  
-12/08/00--01022--014  
\*\*\*\*150.00 \*\*\*\*150.00

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

ROBINSON, LINDA R -  
6450 PINE AVE  
SANIBEL FL 33957

Name

Linda R. Robison

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

Suite, Apt. #, Etc.

City

State  
FL

Zip Code

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

Linda R. Robison

Date

10/16/2000

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:

Timothy J. Healy

Date

Daytime Phone #

10/16/2000

941 947 1606

FILED

00 NOV 17 AM 10:18

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



CR2E040 (8/00)



TIM HEALY  
LANDSCAPE DESIGN

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10/17/2000

Dept. of State

I Have Been Inc. for one  
year. Last Friday I recieved a  
"Notice of Dissolution" From the State.

The only information I have  
recieved WAS for Workman's Comp,  
+ Employee reports. I have a  
Payroll service to handle this for me.

Monday I Called your office +  
A Gentleman TOLD ME TO SEND A CHECK  
FOR \$150<sup>00</sup> WITH Application + Letter.

I AM A SMALL BUSINESS + I  
Appreciate your Help in this Manner.

Any Questions Please  
Call Me.

Thank you  
T. Healy