

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

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APPLICATION
FOR
REINSTATEMENT



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
00 OCT 27 PM 12:54

DOCUMENT # P99000089278

1. Corporation Name

GERMISTON, INC.

Principal Place of Business

Mailing Address

9018 TRAD ST.
BOCA RATON FL 33434

9018 TRAD ST.
BOCA RATON FL 33434



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

10/08/1999

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

65-0954247

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)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
PTVS	LEISHER, MARK	54 CACHET ST., LAMBTON, GERMISTO	LAMBTON, GERMISTON S. AFRICA

6000003465096--4
11/15/00-01114-001
****150.00 ****150.00

Signature

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

CAWOOD, JOHN
10181 W. SAMPLE RD.
CORAL SPRINGS FL 33065

Name

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

REGISTERED AGENT MUST SIGN

Date

10/10/00

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

10/10/00

561 470 2370

CR2E040 (8/00)

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OCTOBER 16, 2000

**FLORIDA DEPT OF OF STATE
DIVISION OF CORPORATIONS
P O BOX 6327
TALLAHASSEE FL 32314**

REINSTATEMENT - GERMISTON INC

**WE REFER TO OUR TELEPHONE CONVERSATION OF OCTOBER 16, 2000
AND ATTACH HERETO THE APPLICATION FOR REINSTATEMENT AND
OUR CHECK # 1267 FOR \$ 150.00 AS ADVISED.**

**WE APOLOGIZE FOR NOT FILING AN ANNUAL REPORT. AS THIS IS A
NEW CORPORATION AND OUR COMPANY IS NEW TO YOUR COUNTRY
WE WERE NOT AWARE THAT WE HAD TO FILE AN ANNUAL REPORT.
AND HAD RECEIVED NO PREVIOUS NOTIFICATION OF THE ABOVE**

**PLEASE BE LIENIENT IN THIS MATTER AND EXUSE US THIS TIME. WE
WILL ENDEAVOUR NOT TO ALLOW THIS TO HAPPEN-AGAIN.**

YOURS TRULY,


M. LEISHER

GERMISTION INC. DBA EMERALD LANDSCAPES OF S.E. FLORIDA