

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE  
Glenda E. Hood  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

03 OCT 17 PM 4:15

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P99000100368

1. Corporation Name

TEAM LANDSCAPE/PROPERTY MANAGEMENT, INC.

Principal Place of Business

5000 NORTHWEST 59TH WAY  
CORAL SPRINGS FL 33067

Mailing Address

POST OFFICE BOX 936276  
MARGATE FL 33093



900023882309  
10/17/03--01031--021 \*\*150.00

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

2. New Principal Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

4. Date Incorporated or Qualified  
To Do Business in Florida

11/12/1999

5. FEI Number:

65-0967604

Applied For

Not Applicable

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
P	THOMAS, SR., ERVIN	5000 NW 59TH WAY	CORAL SPRINGS FL 33067
S	THOMAS, LOU B	5000 NW 59TH WAY	CORAL SPRINGS FL 33067

REINSTATEMENT

8. Name and Address of Current Registered Agent

THOMAS, LOU B  
5000 NW 59TH WAY  
CORAL SPRINGS FL 33067

9. Name and Address of New Registered Agent

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. or 617.0505, F.S.

Signature of  
Registered Agent

*Lou B. Thomas*  
REGISTERED AGENT MUST SIGN

Date

10/13/03

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:

*Lou B. Thomas*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

10/13/03

Daytime Phone #

(954) 341-2138

CR20040 (7/03)

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**Division of Corporations****Receipt**

Your data entry is complete. This is your receipt page. Please print and retain this page for your records.

Document Number: **P99000100368**

Tracking Number: **500017560925**

The charge for your UBR is  
**\$150.00**

If you want to review your document, use the browser back button to return to page 1 of the data entry. Use the browser forward button to come back to this page.

If you need to make a change, you must return to the Document Number/Pin Number page and start over. A new tracking number will be assigned.

If you have any questions, please contact our help desk at (850) 245-6939.

To proceed to pay for the UBR, press the CONTINUE button below.

By pressing the CONTINUE button, your UBR will be placed in processing and no additional UBRs may be filed for this corporation until this one is processed.

Continue

**Sunbiz Home Page**

**Public Access Help**

I was surprised to receive the dissolution notice. As you can see I thought based on this page that my fee was paid effective 4/30/03. Please accept this check since my credit card company did not pay this fee. I do not know what happened. But, based on this receipt the entry was accepted and complete.