

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION
REINSTATEMENTFLORIDA DEPARTMENT OF STATE
Jim Smith
Secretary of State
DIVISION OF CORPORATIONS

02 OCT 16 AM 8:47

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT #

999 000104291

1. Corporation Name

Greenscapes Property Maintenance Inc.

2. Principal Office Address

9550 SW 17 Ave

Suite, Apt. #, etc.

3. Mailing Office Address

13290 Keystone Terr

Suite, Apt. #, etc.

City & State

Pinecrest, Florida

City & State

Miami, Florida

Zip

33156 USA

Zip

33181

Country

4. Date Incorporated or Qualified
To Do Business in Florida

12/99

5. FEI Number

105-0964440

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐\$275 Additional Fee imposed
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

Michael Campanile

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

13290 Keystone Terrace

Suite, Apt. #, Etc.

City

Miami

State
FL

Zip Code

33181

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

X Michael Campanile

REGISTERED AGENT MUST SIGN

Date

10/8/02

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
AB	James Campanile	9550 SW 17 Ave Pinecrest, FL 33156	Pinecrest, FL 33156
PS	Michael Campanile	13290 Keystone Terr Miami, FL 33181	Miami, FL 33181
VT	Kim Hard	9150 SW 170 Terr Miami, FL 33156	Miami, FL 33156

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)(f), 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

X Michael Campanile

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10/8/02 305-895-1203

Date

Daytime Phone #

CORP-01 (9/01)

10/16/02



9550 SW 67th Avenue (Ludlam Road)
Pinecrest, Florida 33156

(305)-665-3673

Fax: (305) 665-1041

October 9, 2002

Florida Department of State
Division of Corporations
409 East Gaines Avenue
Tallahassee, Florida 32399

Re: Greenscapes Property Maintenance, Inc.
d/b/a Natureland Garden Center
E.I.N #65-0964440

Dear Sir or Madam:

We have recently found out through our bank that the above corporation has been deemed inactive. We sent in the annual report in May 2002 along with a check, which has cleared our bank. When I phoned I was told that this was due to the form lacking the Registered Agent's signature. We never received any correspondence in reference to this matter and I am requesting that since we in fact returned the forms on time with our monies that there not be any penalty imposed upon us.

I have enclosed the fully executed Corporation Reinstatement form herewith and ask that you expedite the reinstatement of Greenscapes Property Maintenance, Inc.

Thanking you in advance for your prompt attention to this matter.

Sincerely,

Kim Hand
General Manager