

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

06 MAR 22 AM 10:28

DOCUMENT # V02104

1. Corporation Name

LANDSCAPE MANAGEMENT OF
SOUTH FLORIDA, INC

2. Principal Office Address

6760 EASTVIEW DRIVE

3. Mailing Office Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

LAHATANA FLA

City & State

Zip

33462

Country

UNITED STATES

Zip

Country

**4. Date Incorporated or Qualified
To Do Business in Florida**

5. FEI Number

650301754

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

CR2E081 (8/05)

05-06

7. Name and Address of Current Registered Agent

Name

QUINTANA INC

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

100 SW 27th AVE

Suite, Apt. #, Etc.

MIAMI FLA 33135

City

State
FL

Zip Code

REINSTATEMENT

05-06

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

[Signature]
REGISTERED AGENT MUST SIGN

Date

2/7/06

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
President	JAMES R. PROTESTOR	6760 EASTVIEW DR	LAHATANA FLA 33462
Secretary	JAMES R. P	SAME	
Secretary	HENORD MAJUSKY	SAME	
		200069953262 04/10/06--01056--019 **750.00	
		200069953262 04/10/06--01056--019 **158.75	

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)(l), 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

2/7/06

Date

Phone #

M. Williams

MAR 22 2006