

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 21 PM 4:02

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # **V05775**

1. Corporation Name

**LANDSCAPE JUNCTION, INC.**

Principal Place of Business

Mailing Address

7142 S MILITARY TR  
LAKE WORTH FL 33463  
US

7142 S MILITARY TRAIL  
LAKE WORTH FL 33463  
US



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

01/10/1992

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

65-0306313

Applied For

Not Applicable

City & State

City & State

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required  
for a Certificate of Status

Zip

Country

Zip

Country

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
PS	WITT, JOHN S	<del>7142 S MILITARY TR</del> 5481 HYPOLEX RD	LAKE WORTH FL 33463
VT	WITT, SELINA K	<del>7142 S MILITARY TR</del> 5481 HYPOLEX RD	LAKE WORTH FL 33463

500023987205  
10/21/03--01137--017 \*\*750.00

*Bio/ret*

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

WITT, JOHN S JR

~~7142 S MILITARY TRAIL~~  
LAKE WORTH FL 33463

Name

WITT, JOHN S. JR.

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

5481 HYPOLEX RD

Suite, Apt. #, Etc.

LAKE WORTH

City

State

Zip Code

FL

33463

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

*John S. Witt*

REGISTERED AGENT MUST SIGN

Date

10/15/03

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:

*John S. Witt*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

10/15/03 561-964-3323

CR2E040 (7/03)