

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

04 FEB -9 PM 3:56

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # V70440

1. Corporation Name

Tami's Landscaping Inc

2. Principal Office Address

5105 Starline Dr

Suite, Apt. #, etc.

City & State

St Cloud Fla

Zip

34771

Country

Osceola

3. Mailing Office Address

5105 Starline Dr

Suite, Apt. #, etc.

City & State

St Cloud Fla

Zip

34771

Country

Osceola

REINSTATEMENT

83-04

01-23-04 90158 001 \$150.00

01-23-04 90158 002 \$150.00

4. Date Incorporated or Qualified
To Do Business in Florida

OCT 5 1992

5. FEI Number

593149470

Applied For -

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒

\$8.75 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

Tammy C Thompson

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

5105 Starline Dr

Suite, Apt. #, Etc.

City

St Cloud

State

FL

Zip Code

34771

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

Tammy C Thompson

REGISTERED AGENT MUST SIGN

Date

2/6/04

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
Pres	Tammy C Thompson	5105 Starline Dr	St Cloud Fla 34771

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)(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:

Tammy C Thompson

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

2/6/04

Daytime Phone #

407 892-9107

 **TAMI'S LANDSCAPING, INC.**

5105 STARLINE DR.

ST. CLOUD, FL 34771
USA

Phone 407-892-9107
Fax 407-892-9174

DEAR SIR:

COULD YOU PLEASE WAIVE THE
REINSTATEMENT FEE FOR 2003, I DID NOT
RECIEVE THE ANNUAL REPORT FILING FORM.

THANK YOU,

TAMMY C. THOMPSON