

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

04 FEB 13 AM 10:59

SECRETARY OF STATE,
TALLAHASSEE, FLORIDA

REINSTATEMENT 03-09

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P02000026792

1. Corporation Name
Colgan, INC.

2. Principal Office Address
1312 Commerce PL
Suite, Apt. #, etc.

3. Mailing Office Address
PO BOX 2574
Suite, Apt. #, etc.

City & State
JUPITER, FL

City & State
JUPITER FL

Zip Country
33468 USA

Zip Country
33468 USA

4. Date Incorporated or Qualified To Do Business in Florida 10/2001

5. FEI Number 01-062009
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 SCOTT GARDNER

Street Address (P.O. Box Number is Not Acceptable) 1312 Commerce PL

Suite, Apt. #, Etc.

City JUPITER

State FL Zip Code 33468

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 *Scott Gardner* Date 12-10-04

REGISTERED AGENT MUST SIGN

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
P	SCOTT GARDNER	1312 Commerce PL	JUPITER FL 33468

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: *Scott Gardner* SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date 1/28/04 Daytime Phone # 561-746-4540

CR2E081 (10/02)

JUPITER LAWN CARE
PO BOX 2574
JUPITER, FL 33468
561-746-4540

Dear Florida Department of State / Office of Corporation Reinstatement

Attached is my application for reinstatement. However, we did not receive our annual report form in the mail. We were never notified in any way that I needed to send my annual report along with my applicable fees.

I incorporated for the first time in Spring of 2002 when I bought my company. The mistake could be that you have the wrong mailing address for us. All of my mail is delivered to the PO BOX 2574 listed above. Any mail sent to 1312 Commerce Lane is undeliverable and returned to sender as such.

We learned of our inactive status when a credit check of the corporation showed our status as inactive. The bank notified me, I spoke with my accountant and called your State Office for assistance. I was instructed to notify you in writing that I did not receive my annual report notification, send in my reinstatement form along with \$150 for the year that we were dissolved.

If you need any further assistance from me please contact me at the above address or phone.

Sincerely,



Scott Gardner
Jupiter Lawn Care