PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
04 MAR 12 AM 7:42
SECRETARY OF STATE
TALLAHASSEE FLORIDA

DOCUMENT # P02000052089

2003

1. Corporation Name

ALAN D. HOLT, A.S.L.A.
LANDSCAPE ARCHITECT, P.A.

REINSTATEMENT 03-04

2. Principal Office Address	**3.** Mailing Office Address
747 Jenks Ave.	906 Texas Ave.
Suite, Apt. #, etc.: F	Suite, Apt. #, etc.:
City & State: Panama City, FL	City & State: Lynn Haven, FL
Zip: 32401 Country: USA	Zip: 32444 Country: USA

4. Date Incorporated or Qualified To Do Business in Florida: 4/23/02

5. FEI Number: 01-0658058 ☐ 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: Alan D. Holt

Street Address (P.O. Box Number is Not Acceptable): 906 Texas Ave.

Suite, Apt. #, Etc.:

City: Lynn Haven | State: FL | Zip Code: 32444

000029812230
03/03/04--01046--009 **308.75

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 _____ Date _____

REGISTERED AGENT MUST SIGN

CR2E081 (01/04)

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
D	Alan D. Holt	747 Jenks Ave., Suite F	Panama City, FL 32401

000029812230
03/03/04--01046--009 **300.00

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: Alan D. Holt 3/9/04 8509149006

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P02000052089

2004

1. Corporation Name

ALAN D. HOLT, A.S.L.A.
LANDSCAPE ARCHITECT, P.A.

2. Principal Office Address		**3.** Mailing Office Address	
747 Jenks Ave.		906 Texas Ave.	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
F			
City & State		City & State	
Panama City, FL		Lynn Haven, FL	
Zip	Country	Zip	Country
32401	USA	32444	USA

4. Date Incorporated or Qualified To Do Business in Florida 4/23/02

5. FEI Number 01-0658058 ☐ 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
Alan D. Holt

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

Suite, Apt. #, Etc.

City	State	Zip Code
Lynn Haven	FL	32444

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CR2E081 (01/04)

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Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
D	Alan D. Holt	747 Jenks Ave., Suite F	Panama City, FL 32401

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: _____ ALAN D. HOLT 3/9/04 850-914-9006

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR. Date Daytime Phone #

CARR • RIGGS & INGRAM, LLC
CERTIFIED PUBLIC ACCOUNTANTS
BUSINESS CONSULTANTS

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Panama City, FL 32402
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Florida Institute of
Certified Public Accountants

Mississippi Society of
Certified Public Accountants

Division of CPA Firms

SEC Practice Section

February 27, 2004

State of Florida – Division of Corporations
PO Box 6327
Tallahassee, Florida 32314

Our client Alan D Holt, ~~ASAP~~ ASLA was administratively dissolved last year. According to the website sunbiz.org the address is listed as:

433 ~~Harrion~~ Harrison Ave
Panama City Florida 32401

Unfortunately this address is incorrect. The new address is:

747 Jenks Ave, Suite F
Panama City, Florida 32401

We are writing today to ask that you abate the reinstatement fee as our client never received their notice to file their Unified Business Report.

Please accept the $300 filing fee for the 2003 and 2004 filing fee. If you have any further question please feel free to contact me.

Thank you in advance for your cooperation.

Sincerely,

CPA

John W Juchniewicz, CPA