

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Glenda E. Hood
 Secretary of State
 DIVISION OF CORPORATIONS

APPROVED AND FILED

03 OCT 16 PM 5:02

SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

DOCUMENT # **P02000128757**

1. Corporation Name

METICULOUS LAWNS BY WALLIS, INC.

Principal Place of Business

1812 BRAELOCK COURT
 MAITLAND FL 32751

Mailing Address

1812 BRAELOCK COURT
 MAITLAND FL 32751



REINSTATEMENT 2003

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

P.O. Box 941622
Maitland, FL
32794-1622

4. Date Incorporated or Qualified To Do Business in Florida

12/06/2002

5. FEI Number

58-2670551

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED

\$8.75 Additional Fee required for a Certificate of Status

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
PSTD	WALLIS, FRANK C	1812 BRAELOCK COURT	MAITLAND FL 32751

300023907033
 10/17/03--01056--008 **750.00

8. Name and Address of Current Registered Agent

WALLIS, FRANK C
 1812 BRAELOCK COURT
 MAITLAND FL 32751

9. Name and Address of New Registered Agent

Name

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

Suite, Apt. #, Etc.

City

State
FL

Zip Code

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

Frank C. Wallis

REGISTERED AGENT MUST SIGN

Date

10/14/03

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:

Frank C. Wallis Frank C. Wallis

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10/14/03

Date

407-493-3525

Daytime Phone #

CR2E040 (7/03)