

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham
Secretary of State

DIVISION OF CORPORATIONS

FILED

99 MAR -4 PM 3: 57

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P96000041769

1. Corporation Name

L.D. ART Services, INC

Principal Place of Business

Mailing Address

11 Recker Hwy.
Auburndale, FL 33823

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

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

REINSTATEMENT

97-99
ad

4. Date Incorporated or Qualified To Do Business in Florida

5/96

5. FEI Number

59-3384633

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	2	3	4
Title(s)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	City / State / Zip
<u>P/D</u>	<u>Walter Long</u>	<u>1733 Christy Ave. Orlando, FL</u>	
<u>V/D</u>	<u>Jeffrey Daniels</u>	<u>448 Landers Dr. Winter Springs, FL 32703</u>	
<u>S/M/D</u>	<u>Patty Bardwell</u>	<u>118 Weeping Willow Rd. Winter Haven, FL 33880</u>	

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-03/09/99 - 01055-016
****900.00 ****900.00

8. Name and Address of Current Registered Agent

Larry Wolfe

9. Name and Address of New Registered Agent

Name E. Snow Martin Jr.
Street Address (P.O. Box Number is Not Acceptable)
222 Lake Morton Drive
Suite, Apt. #, Etc.
City Lake Land State FL Zip Code 33802

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.

Signature of Registered Agent

E. Snow Martin Jr.
REGISTERED AGENT MUST SIGN

Date 26 Feb 99

11. This corporation owes or has paid the current year Intangible Personal Property tax due June 30.

Yes No

(See other side for information on intangible tax.)

12. 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)(b), 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:

Walter Long WALTER R. Long
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-25-99
Date

941-967-8644
Daytime Phone #