PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

Glenda E. Hood

Secretary of State

DIVISION OF CORPORATIONS

FILED

0\$ OCT 31 PM 4: 25

DOCUMENT #

SIGNATURE

J07358

on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.

GIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

TALLAHASSEE, FLORIDA

1. Corpora	ition Name				11	4 <u>C</u> 7 (1 ()	•	
SOUTH ERVICE		ANDSCAPE DE	VELOPME	NT AN	D MAINTENANC	E S	,	
Principal Place of Business			Mailing Addr	ess		1		
5900 DEWEY ST HOLLYWOOD FL 33023			5900 DEWEY ST HOLLYWOOD FL 33023					
		incorrect in any way, line t				T 32 7 7 7 7 1	STATEMEN	<u> </u>
		Address, it Applicable	New Mailing Office Address, If Applicable			4. Date Incorporated or Qualified To Do Business in Florida 04/02/1986		
Suite, Apt.	#, etc.		Suite, Apt. #, etc.			5. FEI Number Applied For Not Applicable		
City & State	9		City & State					
Zip Country_			Zip	Zip Count		6. CERTIFICATE OF STATUS DESIRED To a Certificate of Status		
7. Names	and Street Ad	dresses of Each Officer an	d/or Director (Flo	rida nonprof	fit corporations must list at le	ast 3 directors)		
Title(s)	Name of Officers and/or Directors			Street Address of Each Officer and/or Director			City / State / Zip	
M	RATLIFF, TODD H. 5800 S.W.				V. 130 AVE	FT. LAUDERDALE FL		
PT	PT RATUFF, BARBARA			5800 SW 130 AVE			FT. LAUDERDALE FL	
			-			20	1002433273	D-10
						200024332722 10/31/0301052009 **150.00		
						the who	·	
						D. cedo		
	8. Nam	e and Address of Curren	t Registered Age	ent		9. Name and	Address of New Registered Ag	ent
RATLIFF, BARBARA 5800 SW-130 AVE FT. LAUDERDALE FL 33330					Street Places (P.O. Box Number is Not Acceptable) Suite, Apt. #, Etc.			reet
	• •	,			Cindolla		State	^{zip} 0920
10. I, being	appointed th	e registered agent of the al	pove named corpo	pration, am f	amiliar with and accept the c	obligations of Secti	ion 607.0505, F.S. or 617.0505, I	F.S.
Signature of Registered		CIGNIA	TURE	: Kic	SIGN	<u>_</u>	Date 10 2	1/03
this rein	statement app	plication, the reason for dis-	solution has been	eliminated,	the corporate name satisfies	the requirements	apter 607 or 617, F.S. I further ce of section 607.0401 or 617.0401 der section 119.07(3)(i), F.S. The	I, F.S., that all fees

SOUTHERN SERVICE, INC.

Landscape Development and Maintenance

5900 Dewey Street Hollywood, FL 33023 (954) 962-0220

October 20, 2003

Florida Department of State Annual Report/Reinstatement Section P.O. Box 6327 Tallahassee, FL 32314

To Who it May Concern:

This letter is to inform you that as a corporation our registered agent has changed, and we had not previously received your corporation filing notice and we are therefore asking that the reinstatement fee be waived. We have provided you with the applicable fees and new registered agent information. If any further information is required please feel free to contact our office.

Sincerely,

Todd Ratliff President

"WHEN QUALITY MAKES A DIFFERENCE"