

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

03 OCT 23 AM 9:44

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**DOCUMENT # K42513**

1. Corporation Name

**SAWMILL RIDGE SERVICES, INC.**

Principal Place of Business

Mailing Address

~~4320 NORTH US HWY #1~~  
VERO BEACH FL 32967

~~4030 NORTH US HWY #1~~  
VERO BEACH FL 32967



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

REINSTATEMENT 03

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

4. Date Incorporated or Qualified To Do Business in Florida

10/31/1988

Suite, Apt. #, etc.

~~7402 U.S. Hwy 1~~

Suite, Apt. #, etc.

~~7402 U.S. Hwy 1~~

5. FEI Number

65-0087500

Applied For

Not Applicable

City & State

~~Vero Beach, FL~~

City & State

~~Vero Beach, FL~~

6.

CERTIFICATE OF STATUS DESIRED

\$8.75 Additional Fee required for a Certificate of Status

Zip

~~32967~~

Country

~~Indian River~~

Zip

~~32967~~

Country

~~Indian River~~

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
P	LOCKWOOD, THOMAS W	7275 45th Street	VERO BCH. FL 33967
ST	HENDERSON, JANE	7275 45TH STREET	VERO BEACH FL 33967

700024056067  
10/23/03--01083--010 \*\*150.00

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

LOCKWOOD, THOMAS W  
7402 N. US#1  
VERO BEACH FL 32967

Name	
Street Address (P.O. Box Number is Not Acceptable)	
Suite, Apt. #, Etc.	
City	State Zip Code
	FL

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

*[Handwritten Signature]*

Date 10-20-03

REGISTERED AGENT MUST SIGN

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:

*[Handwritten Signature]*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  
Thomas W. Lockwood, President

10-20-03

Date

(772) 567-0034

Daytime Phone #

CR2E040 (7/03)



7402 U.S. Highway 1  
Vero Beach, FL 32967  
(772) 567-0034

October 20, 2003

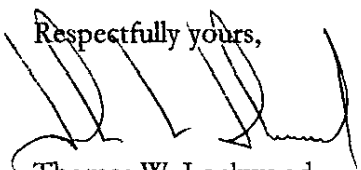
Division of Corporations  
Annual Report/Reinstatement Section  
P.O. Box 6327  
Tallahassee, FL 32314-6327

**RE: Document K42513**

To Whom It May Concern:

This letter is in response to the notice of administrative dissolution or revocation package that was received on October 14, 2003. Sawmill Ridge Services did not receive a uniform business report (UBR) in a timely manner and therefore will refuse to pay the additional penalty price of \$600.00. Enclosed with this letter is the payment of the 2003 UBR fee of \$150.00 and the completed application. Thank you for your cooperation in this matter and in the future would like to receive the uniform business report before the penalty date.

Respectfully yours,

  
Thomas W. Lockwood  
President

Enclosure

TWL/jdm