

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
**Jim Smith**  
Secretary of State  
DIVISION OF CORPORATIONS

**FILED**

02 SEP -4 PM 1:54

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # **P00000040613**

**1. Corporation Name**

**McAllister Landscape Services Inc.**

**900008021909--1**  
-09/25/02--01071--008  
\*\*\*300.00 \*\*\*300.00

**2. Principal Office Address**

**4411 Bee Ridge RD**

Suite, Apt. #, etc.

**243**

City & State

**SARASOTA FL**

Zip

**34233**

Country

**U.S.A.**

**3. Mailing Office Address**

**5209 Brookmeade DR.**

Suite, Apt. #, etc.

City & State

**SARASOTA FL**

Zip

**34232**

Country

**U.S.A.**

**4. Date Incorporated or Qualified  
To Do Business in Florida**

**1999**

**5. FEI Number**

**65-10000-76**

Applied For

Not Applicable

**6. CERTIFICATE OF STATUS DESIRED ☐**

**\$8.75 Additional Fee required  
for a Certificate of Status**

**2001-2002 UBR**

**7. Name and Address of Current Registered Agent**

Name

**Scot McAllister**

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

**5209 Brookmeade DR**

Suite, Apt. #, Etc.

City

**SARASOTA**

State

**FL**

Zip Code

**34232**

**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

*[Signature]*

REGISTERED AGENT MUST SIGN

Date **8/28/02**

**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
PRES.	McAllister Scot T	5209 Brookmeade DR	SARASOTA, FL 34232
V.P.	CHRISTINA McAllister	5209 Brookmeade DR	SARASOTA FL 34232

**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:**

*[Signature]*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**Scot McAllister**

**8/28/02**

Date

**941-809-0131**

Daytime Phone #

CR2E081 (9/01)



4411 Bee Ridge Rd. #243  
Sarasota, FL. 34233  
(941) 379-4150

To whom it may concern,

I spoke to a man at the reinstatement office, who told me to write the following letter explaining that I never received notice in 2001, or 2002.

We would like the late fees to be waved. Per my conversation with the gentleman on the phone, I am enclosing a check in the amount of \$ 300.00 to bring us current.

Our new address is ;

5209 Brookmead dr.  
Sarasota, Florida. 34232

The address on this letter head is a post box, and I feel better if the forms come to my home. Thank you.

Scot McAllister, President.