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PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

	RPORATIO STATEME				Secreta	NTMENT OF TO State CORPORATIONS			JUN 2	ED 4 MH 11: 04				
DOCUMENT # P00000064973 1. Corporation Name								SEC TALI	RETAR .MIAS:	Y OF STATE SEE, FLOUIDA				
P.O. BOX 1090 LUTZ, FL 33549														
2. Principal Office Address P.O. BOX 1090					3. Mailing Office Address LUTZ, FL 33549									
Suite, Apt. #, etc.					Suite, Apt. #, etc.				4. Date Incorporated or Qualified To Do Business in Florida 07/03/2000					
City & State TAMPA, FLORIDA				TAMP	A, FLORIC	DA .		5. FEI Number 593662519			 	ied For Applicable		
zip 33549	Country		Zip 33549	33549			6. CERTIFICATI	OCCUTICIONATE OF STATUS DECIDED CONTROL			ee required of Status			
7. Name and Address of Current Registered Agent														
	CARL T. WATKINS, CPA Street Address (P.O. Box Number is Not Acceptable) 5103 MEMORIAL HIGHWAY Suite, Apt. #, Etc. City TAMPA								900038248529 06/24/0401083001 **300 00 State Zip Code FL 33634					
Signature of	8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the oblig Signature of Registered Agent REGISTERED AGENT MUST SIGN									Date 06/21/2004				
9. Names	and Street Ad	dresses	of Each Offic	per and/or Directo	r (Florida nonp	rofit corporations	must list at le	ast 3 directors)						
Titles	Name of Officers and/or Directors			ectors	Street Address of Ea Officer and/or Direc) '		City / State / 2	Zip			
Р	TERRY J. HARVEY				P.O. BOX 1090			LUTZ, FLORIDA 33549						
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			· .	14.81 12.22 13.22		Alle		03	oy					
				<u>.</u>										
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 filling 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 of individuals listed on this application is true and accurate, and my signature shall have the earne legal effect as if made under oath. SIGNATURE: 06/21/2004 813-477-2854														
SIGNATURE: SIGNATURE AND TYPED OF PRINTED ARMS OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #											_ [

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CARL T. WATKINS, P.A.

CERTIFIED PUBLIC ACCOUNTANT 5103 Memorial Hwy. Tampa, Florida 33634 813-884-7245 FAX 813-885-3478

Member
American Institute of
Certified Public Accountants

Member Florida Institute of Certified Public Accountants

^fMay 24, 2004

Ms. Glenda E. Hood State of Florida Department of State Division of Corporations 409 East Gaines Street Talahassee, FL 33634

Dear Ms. Hood;

I am writing this letter in regards to my client, Landmark Erecting, Inc., Document Number P00000064973. Mr. Terry Harvey, as President of the above named corporation, claims that he never received any renewal notice for their corporation for the years 2003 or 2004. In the course of the last year I have incorporated and have and continue to be the Registered Agent for some three-dozen clients. We do inform each client of the severity of the Uniform Business Report that they receive on an annual basis. In knowing Terry Harvey, President of Landmark Erecting, I would have to believe that if he did receive the renewal notices, that he would have contacted me for guidance, which he never did.

I am requesting that, this one time, you waive the reinstatement fee and allow them to stay in the active status. We would be happy to complete the necessary Uniform Business Reports if you could forward those to us directly, as they are not accessible on-line, and his checks in the amount of \$150 each for the years 2003 and 2004 respectively are enclosed. Any assistance you can provide would be greatly appreciated.

Sincerely,

Carl T. Watkins, CPA

Coul T. Watkins

Encl. (2)