

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

FILED
 SECRETARY OF STATE
 DIVISION OF CORPORATIONS
 01 OCT 18 AM 11:40

DOCUMENT # **P0000067439**

1. Corporation Name

LOUIS LANDSCAPING, INC.

Principal Place of Business

Mailing Address

16800 S TAMiami TRAIL
 FT MYERS FL 33908

16800 S TAMiami TRAIL
 FT MYERS FL 33908

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

4. Date Incorporated or Qualified To Do Business in Florida

07/12/2000

Suite, Apt. #, etc.

230

Suite, Apt. #, etc.

5. FEI Number

65-1022090

Applied For

City & State

City & State

Not Applicable

Zip

Country

Zip

Country

6. CERTIFICATE OF STATUS DESIRED

\$8.75 Additional Fee required for a Certificate of Status



REINSTATEMENT 01

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	LASOS G. PAPP	16800 S TAMiami TRAIL #230 FORT MYERS FL 33908	33908
			600004658106--6
			-10/29/01--01102--014
			****750.00 ****750.00
			11/10/20

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

SOUTHWEST PROF. SERVICES OF FORT MYERS, INC
13571 MCGREGOR BLVD #22
FORT MYERS FL 33919

Name
SOUTHWEST PROFESSIONAL SERVICES OF SO. FL INC
 Street Address (P.O. Box Number is Not Acceptable)
13571 MCGREGOR BLVD #22
 Suite, Apt. #, Etc.

City
FORT MYERS

State
FL

Zip Code
33919

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

[Signature]
 SIGNATURE REQUIRED

Date

10/15/01

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:

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

Date

Daytime Phone #

10/15/01 941 410 3183

CR2E040 (8/01)