

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

04 JUL 30 AM 9:42

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P00000087190

1. Corporation Name

manicure Lawn & Gardens Inc.

2. Principal Office Address

3281 N.W. 12th Pl

Suite, Apt. #, etc.

3. Mailing Office Address

3420 N.W. 18th Pl

Suite, Apt. #, etc.

City & State

Ft. Lauderdale FL

Zip

33311

Country

Broward

City & State

Ft. Lauderdale FL

Zip

33311

Country

Broward

4. Date Incorporated or Qualified
To Do Business in Florida

5-1-01

5. FEI Number

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$375 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

Felton Williams

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

3281 N.W. 12th Pl

Suite, Apt. #, Etc.

700040225737

08/17/04--01004--014 ***600.00

City

Ft. Lauderdale

State

FL

Zip Code

33311

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

Felton Williams

REGISTERED AGENT MUST SIGN

Date 7/26/04

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
P	Felton Williams	3281 N.W. 12th Pl	Ft. Lauderdale FL 33311
S	Michelle Taylor	3420 N.W. 18th Pl	Ft. Lauderdale FL 33311

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:

Felton Williams

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date 7/26/04

Daytime Phone #

CR2E081 (10/02)

ATTN: Ms. Pamela Smith

I am sending this letter to inform you that we did not receive any
information or letter stating anything about a 2001 annual report .
Mr. Williams was hospitalized for months , he was shot in the back in a
robbery attempt at his place of business . We had changed the mailing
address because of this incident . Mr. Williams is still recovering.

I Michelle Taylor, am responsible for any and all paper work being
completed and all bills being paid . I did not receive any forms,
so I am asking if you can please waive the fees for
this amount of \$1200.00 . Also I am enclosing a check for \$ 600.00
for the reinstatement of these years. The mailing address is
3420 NW 18th Pl Ft. Lauderdale FL 33311.

THANK YOU .