

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

03 NOV 24 PM 12:57

REINSTATEMENT 02-03

600024818556  
11/18/03--01093--002 \*\*158.75

DOCUMENT #

P00000097025

1. Corporation Name

Linford Wilson Lawn and Maintenance Services, Inc.  
11910 NW 38th Place, Sunrise, FL 33323

2. Principal Office Address

11910 NW 38th Place

3. Mailing Office Address

same as above

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Sunrise, Florida

City & State

Zip

33323

Country

USA

Zip

Country

4. Date Incorporated or Qualified  
To Do Business in Florida

10/13/2000

5. FEI Number

65-1050876

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒

\$8.75 Additional Fee required  
for a Certificate of Status

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

Name

Linford Wilson

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

11910 NW 38th Place

Suite, Apt. #, Etc.

City

Sunrise

State  
FL

Zip Code  
33323

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]*

Date 11/17/03

REGISTERED AGENT MUST SIGN

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	Linford Wilson	11910 NW 38th Place	Sunrise, FL 33323
Sec/Tre	Janet Anderson	11910 NW 38th Place	Sunrise, FL 33323

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)(f), 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]*

11/17/03

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E081 (10/02)

01/17/03

TO WHOM IT MAY CONCERN:

IN JUNE OF 2001 WE MOVED FROM 721 NW 70TH TERR,  
AND FORWARDED OUR MAIL TO OUR NEW ADDRESS.  
AS A RESULT OF MOVING WE NEVER GOT A UNIFORM  
BUSINESS REPORT RENEWAL IN THE MAIL. IT ONLY  
UNTIL TODAY WHEN WE WERE TRYING TO PURCHASE  
SOME BUSINESS INSURANCE THAT THE INFORMED  
US OF THE INACTIVE STATUS OF OUR COMPANY.  
WE ARE THEREFORE REQUESTING AN ABATEMENT  
OF THE REINSTATEMENT FEES BECAUSE OF THE  
OVERSIGHT OF NOT FILING REPORT TIMELY DUE TO  
MAIL NOT BEING FORWARDED BY THE POST  
OFFICE.

THANK YOU KINDLY FOR YOUR  
CONSIDERATION.

VERY TRULY YOURS,

LINFORD WILSON.

ANY QUESTIONS, PLEASE CALL  
(954) 261-5815