

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



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

FILED

02 OCT 25 PM 3:46

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P01000013799

1. Corporation Name

LAST CALL LAWN & LANDSCAPING, INC.

Principal Place of Business

Mailing Address

3421 SKYLINE BLVD.
CAPE CORAL FL 33914

3421 SKYLINE BLVD.
CAPE CORAL FL 33914



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

02/01/2001

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

Applied For

City & State

City & State

65.1075756

Not Applicable

Zip

Country

Zip

Country

6. CERTIFICATE OF STATUS DESIRED

\$8.75 Additional Fee required for a Certificate of Status

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 |
|------------|-------------------------------------|--|----------------------|
| D | ZIMMERMAN, ROCHELLE | 3421 SKYLINE BLVD. | CAPE CORAL FL 33914 |
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200008591142
10/25/02--01045--010 **150.00

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

ZIMMERMAN, ROCHELLE
3421 SKYLINE BLVD.
CAPE CORAL FL 33914

Name

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

Suite, Apt. #, Etc.

City

State

FL

Zip Code

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. or 617.0505, F.S.

Signature of Registered Agent

SIGNATURE REQUIRED
REGISTERED AGENT MUST SIGN

Date

10/21/02

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 REQUIRED

SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

10/21/02

Daytime Phone #

CR2ED-40 (802)

October 21, 2002

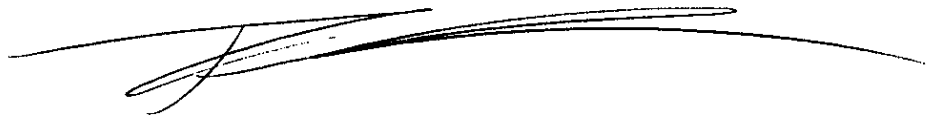
Last Call Lawn & Landscape Inc.
3421 Skyline Blvd.
Cape Coral, FL
33914

Attention Florida Department of State:
Re Application (UBR)

This is a request to waive the reinstatement fee. I, Rochelle Zimmermann Owner/President of Last Call Lawn & Landscape Inc., did not receive the two prior uniform business report (UBR) notices. If I had received the UBR I would have enclosed payment and responded promptly. I received this notice today October 21, 2002 and will have it mailed tomorrow October 22, 2002. Enclosed is the fee to file the report without penalty, which is a total of \$150.00 and the needed application. Thank you for your time.

Last Call Lawn & Landscape Inc.

Owner/President & Director

A large, stylized handwritten signature in black ink, appearing to read 'Rochelle Zimmermann', is written over a horizontal line.

Rochelle Zimmermann