

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Glenda E. Hood
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P01000023001

1. Corporation Name

LUCAS LAWN SERVICES, INC.

Principal Place of Business

4608 S.W. 14TH AVE.
CAPE CORAL FL 33914

Mailing Address

4608 S.W. 14TH AVE.
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

Suite, Apt. #, etc.

City & State

Zip

Country

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

03/01/2001

5. FEI Number

65-1080619

Applied For

Not Applicable

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)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
OP	LUCAS, JUSTIN	4608 S.W. 14TH AVE.	CAPE CORAL FL 33914
ST	LUCAS, POREDA BRENDA	4608 S.W. 14TH AVE.	CAPE CORAL FL 33914

8. Name and Address of Current Registered Agent

LUCAS, JUSTIN M
4608 S.W. 14TH AVE.
CAPE CORAL FL 33914

9. Name and Address of New Registered Agent

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

Justin Lucas
REGISTERED AGENT MUST SIGN

Date

10.13.03

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:

Brenda Lucas
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10.13.03

Date

(239) 498-8088

Daytime Phone #

CR2ED40 (7/03)

Tuesday, October 14, 2003

Division Of Corporations
Annual Report/Reinstatement Section
PO Box 6327
Tallahassee, FL 32314-6327

Lucas Lawn Services, Inc.
4608 SW 14th Ave
Cape Coral, FL 33914

To Whom It May Concern:

Lucas Lawn Services, Inc. did not receive the two prior uniform business reports mailed to us earlier this year. We have an accountant that handles all of our business matters; he receives our forwarded mail directly at his office in Ft. Myers. We have relieved our accountant from his duties for Lucas Lawn Services, Inc.

Please reinstate our corporation, as we have included a check for the fee of \$150.00.

If you should have any questions regarding this letter, please contact me directly Monday – Friday 8 a.m. through 5 p.m. at 239-498-8088 (Work) or 239-405-0699 (Cell).

Sincerely,



Brenda Lucas
Officer – Secretary & Treasurer
Lucas Lawn Services, Inc.