

112

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

03 OCT -9 AM 10:10

DOCUMENT # P02000007523

1. Corporation Name

LAWNCRAFT LANDSCAPE & MAINTENANCE INC

2. Principal Office Address

6951 SW 132 ND AVE

Suite, Apt. #, etc.

City & State

OCALA, FL

Zip

34481

Country

MARION

3. Mailing Office Address

Suite, Apt. #, etc.

City & State

Zip

Country

000023663260

10/09/03--01023--021 **150.00

REINSTATEMENT

03

**4. Date Incorporated or Qualified
To Do Business in Florida**

5. FEI Number,

01-0584855

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

TINA MILLER

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

6951 SW 132 ND AVE

Suite, Apt. #, Etc.

City

OCALA

State

FL

Zip Code

34481

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

Date

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
D	MAC MILLER JR	6951 SW 132ND AVE	OCALA FL 34481
D	TINA MILLER	6951 SW 132ND AVE	OCALA FL 34481

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

10/7/03

Daytime Phone #

352-
489-7494

CR2E081 (10/02)

10/15/03

2/2

Schlumberger Accounting Services
6220 W Corporate Oaks Dr
Crystal River, FL 34429
(352) 795-3691

October 7, 2003

Florida Department of State
PO Box 6327
Tallahassee, FL 32314

Re: LAWNCRAFT LANDSCAPE & MAINTENANCE INC
EIN 01-0584855 DOC# P02000007523
Corporate Reinstatement
Tax year 2003

To Whom It May Concern:

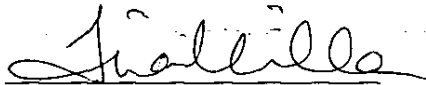
I am writing to request a waiver of reinstatement fee for LAWNCRAFT LANDSCAPE & MAINTENANCE INC for 2003.

The Corporate officers did not receive the UBR (Annual) Report. This was after filing for registered agent change of address on 2/10/03.

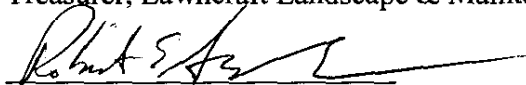
In light of the taxpayer's circumstances, I am hoping that you waive the reinstatement fee. The corporation is paying the normal \$150.00 with this letter.

I appreciate any relief you can offer to the taxpayer.

Sincerely,



Tina Miller
Treasurer, Lawncraft Landscape & Maintenance Inc.



Robert Schlumberger, E.A
Schlumberger Accounting Services