

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**APPLICATION  
FOR  
REINSTATEMENT**



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

FILED

03 NOV 26 AM 10:38

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**DOCUMENT # P02000024696**

1. Corporation Name

**LIBERTY SERVICES OF FLORIDA, INCORPORATED**

Principal Place of Business

Mailing Address

22841 HAWK HILL LOOP  
LAND O' LAKES FL 34639

23110 STATE ROAD 54  
116  
LUTZ FL 33549

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

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

**REINSTATEMENT 03**

Not a State of Guaranty  
To Do Business in Florida

03/06/2002

5. FEI Number

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)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
P	HOLTZ, JENNIFER	22841 HAWK HILL LOOP	LAND O'LAKES FL 34639

200024993642  
11/25/03--01002--011 \*\*150.00

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

HOLTZ, JENNIFER  
22841 HAWK HILL LOOP  
LAND O'LAKES FL 34639

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

*Jennifer Holtz*  
REGISTERED AGENT MUST SIGN

Date

11-18-03

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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*Jennifer Holtz* Jennifer Holtz 11-18-03 813-469-9010

Date

Daytime Phone #

CR2E040 (7/03)

LIBERTY SERVICES OF FLORIDA, INC.  
23110 STATE ROAD 54, #116  
LUTZ, FL 33549

November 18, 2003

FLORIDA DEPARTMENT OF STATE  
DIVISION OF CORPORATIONS  
P.O. BOX 6327  
TALLAHASSEE, FL 32314

RE: REINSTATEMENT OF LIBERTY SERVICES OF FLORIDA, INC.

Dear Sir/madam:

It has come to my attention that there is an delinquency in filing the necessary forms. I unfortunately just received notification and the prior notice did not reach me. I received this mailing from a gentleman that brought it to me from 22841 Eagles Watch Drive. The location in question is 2 blocks from our location and has been receiving other mail of ours. I have filled a complaint with the local post office. Please see the attached application and check to clear this matter up. Thank you for your assistance in this matter.

Very truly yours,

  
JENNIFER HOLTZ