

2006 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P02000025229

1. Entity Name
LAND I EDUCATIONAL, ENVIRONMENTAL AND
TECHNICAL SERVICES, INC.



FILED

06 DEC 29 PM 3: 16

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business
5513 PENDLETON DRIVE
ORLANDO, FL 32839

Mailing Address
P O BOX 550779
ORLANDO, FL 32855

2. Principal Place of Business

3. Mailing Address
P.O. Box 560573

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State
Orlando, FL

Zip

Country

Zip
32856-0573

Country
USA

12282006

REIN-P

CR2E098 (11/05)

4. FEI Number
03-0471974

Applied For
Not Applicable

5. Certificate of Status Desired

☒ \$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

TAYLOR, IRENE A
5513 PENDLETON DRIVE
ORLANDO, FL 32839

Name

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

City

FL

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

12/27/06
DATE

FILE NOW!!! FEE IS \$150.00
After January 1, 2007, Fee will be \$300.00

In accordance with s. 607.193(2)(b), F.S., the
corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE P
NAME TAYLOR, LOUIS R SR.
STREET ADDRESS 5513 PENDLETON DRIVE
CITY- ST- ZIP ORLANDO, FL 32839 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP ☐ Change ☐ Addition
400082861514
12/29/06--01028--010 **158.75

TITLE V
NAME TAYLOR, IRENE A
STREET ADDRESS 5513 PENDLETON DRIVE
CITY- ST- ZIP ORLANDO, FL 32839 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP ☐ Change ☐ Addition

TITLE
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CITY- ST- ZIP ☐ Delete

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CITY- ST- ZIP ☐ Change ☐ Addition

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STREET ADDRESS
CITY- ST- ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP ☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Irene A. Taylor
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

12/27/06
Date

407-716-5195
Daytime Phone #

XC 01/02