

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 DEC 29 AM 11:57

SECRETARY OF STATE
 TALLAHASSEE FLORIDA

DOCUMENT # **P02000037121**

1. Corporation Name

LOFTUS LANDSCAPING, INC.

Principal Place of Business

Mailing Address

801 N. 73RD TERR.
 HOLLYWOOD FL 33024

801 N. 73RD TERR.
 HOLLYWOOD FL 33024



If above addresses are incorrect in any way, line through incorrect information and enter correction below.

REINSTATEMENT 03

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

4. Date Incorporated or Qualified To Do Business in Florida

2851 Fillmore St.

2851 Fillmore St

03/29/2002

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

Applied For

Apt. 506

APT. 506

03-0465232

Not Applicable

City & State
 Hollywood, Florida

City & State
 Hollywood, Florida

6. CERTIFICATE OF STATUS DESIRED \$8.75 Additional Fee required for a Certificate of Status

Zip

Country
 USA

Zip

Country
 USA

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
PD	LOFTUS, THOMAS	801 N. 73RD TERR.	HOLLYWOOD FL 33024
PD	Loftus, Thomas	2851 Fillmore St #506	Hollywood FL 33020

300025817983
 12/29/03--01057--013 ##158.75

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

LOFTUS, THOMAS
 801 N. 73RD TERR.
 HOLLYWOOD FL 33024

Name **Loftus, Thomas**
 Street Address (P.O. Box Number is Not Acceptable)
2851 Fillmore St.
 Suite, Apt. #, Etc. **APT. 506**
 City **Hollywood** State **FL** Zip Code **33020**

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

Tom Loftus **SIGNATURE REQUIRED**
 REGISTERED AGENT MUST SIGN

Date

12/24/03

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:

Tom Loftus **SIGNATURE REQUIRED**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

12/24/03 (954) 2409240

CR2E040 (7/03)

December 24, 2003

To whom it may concern,
We are sending our reinstatement application
form along with 150.00 for our annual report fee
and the corporate supplemental fee. We are delayed
to take action on this matter because we did
not receive the form on time.

Chang Ho

Tom Hoptus