

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 18 PH 3:27

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P02000113051**

1. Corporation Name

DAVE WOODS' LAWN SERVICE, INC.

Principal Place of Business

Mailing Address

23315 OUTBACK LANE
EUSTIS FL

23315 OUTBACK LANE
EUSTIS FL

REINSTATEMENT 03



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

4. Date Incorporated or Qualified
To Do Business in Florida

10/21/2002

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)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
D	WOODS, DAVE	23315 OUTBACK LANE	EUSTIS FL
D	WOODS, LORI	23315 OUTBACK LANE	EUSTIS FL

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

JORDAN, EDWARD P ESQ.
1460 EAST HIGHWAY 50
CLERMONT FL 34711

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

[Signature]
REGISTERED AGENT MUST SIGN

Date **11-3-02**

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

Date

Daytime Phone #

11/3/02

CR2E040 (7/03)

LAW OFFICES

EDWARD P. JORDAN II, P.A.

ATTORNEYS & COUNSELORS AT LAW

EDWARD P. JORDAN II, ATTORNEY

1460 EAST HIGHWAY 50

LORI L. CAMPBELL, PARALEGAL

CLERMONT, FL 34711

Tel: (352) 394-1000

Fax: (352) 394-2999

Website: www.lawyerjordan.com

November 13, 2003

Fl Department of State
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

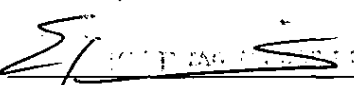
RECEIVED

Re: Dave Woods Lawn Service, Inc. - P02000113051

TO WHOM IT MAY CONCERN:

I HEREBY CERTIFY that I did not receive the two prior uniform business report notices for the filing of my 2003 annual report. The first documentation I received from the Florida Department of State concerning my Incorporation is the Notice of Administrative Dissolution or Revocation.

I enclose a check in the sum of \$150.00 for your filing fee, and respectfully request that the reinstatement fee be waived on the grounds that I never received any uniform business reports for the year 2003.


EDWARD P. JORDAN, II
Registered Agent

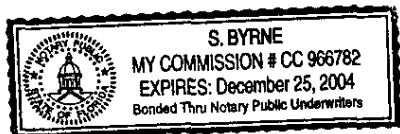
Dated

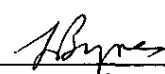

DAVE WOODS
President

Dated

STATE OF FLORIDA
COUNTY OF LAKE

The foregoing instrument was sworn to and subscribed before me this 18th day of November, 2003 by DAVE WOODS, of DAVE WOODS LAWN SERVICE, INC. who is personally known to me.




Notary Public