

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

03 JUL 18 PM 1:00

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P02000117044

1. Corporation Name

DETAILED LAWN CARE & LANDSCAPING, INC.

2. Principal Office Address

4146 HEATH ROAD

Suite, Apt. #, etc.

City & State

JACKSONVILLE, FL

Zip

32277

Country

DUVAL

3. Mailing Office Address

4146 HEATH ROAD

Suite, Apt. #, etc.

City & State

JACKSONVILLE, FL

Zip

32277

Country

DUVAL

900021762219

07/24/03--01030--007 **150.00

4. Date Incorporated or Qualified

To Do Business in Florida

5. FEI Number

57-1136435

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

GIDEON, DAVID S.

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

4146 HEATH ROAD

Suite, Apt. #, Etc.

City

JACKSONVILLE

State
FL

Zip Code
32277

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

REGISTERED AGENT MUST SIGN

Date

7-16-03

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
PSTD	GIDEON, DAVID S.	4146 HEATH ROAD S.	JACKSONVILLE, FL 32277

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

Daytime Phone #

7-16-03

CR2E081 (10/02)

th 7/18



✓ Income Tax Service
✓ Financial & Insurance Services
✓ Accounting & Bookkeeping Services

320 Osceola Avenue
Jacksonville Beach, FL 32250
Phone 904/241-2533
Fax: 904/241-1604
www.triplechecktax.com

July 17, 2003

Division of Corporations
Annual Reports Filing
Post Office Box 6327
Tallahassee, FL 32314

Re: Application for Reinstatement
Document P02000117044 – Detailed Lawn Care & Landscaping, Inc.

Dear Sir/Madam,

Please see the enclosed Application for Reinstatement for our client listed above. We are requesting that you accept his application and payment of \$150.00, for the year 2003.

Mr. Gideon, President of the above Corporation, did not receive his report for the referenced corporation. He had no change of address. Upon the interview and completion of his tax returns, it was discovered that he did not receive this report and we promptly completed the reinstatement application for him. We hope that you will reinstate his corporation for the fee of \$150.00, as it was no error of his that the information was not received. Mr. Gideon has always been very conscientious about forwarding all government paperwork to us and paying all yearly fees timely.

Thank you for your help and consideration with this matter. Please contact me if you have any questions/concerns regarding this matter.

Sincerely,

A handwritten signature in cursive script, appearing to read 'Beverlee A. Flowers', followed by a horizontal line.

Beverlee A. Flowers, E.A.

Enclosure: Application For Reinstatement
Check #2503