

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

Page 1 of 2

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

**FILED**

06 FEB 13 PM 4:51

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # **P02000135496**

1. Corporation Name

**Scott's Lawn & Landscaping, Inc.**

2. Principal Office Address

**1992 East CR 462**

Suite, Apt. #, etc.

3. Mailing Office Address

**1992 East CR 462**

Suite, Apt. #, etc.

City & State

**Wildwood Florida**

City & State

**Wildwood Florida**

Zip

**34785**

Country

**USA**

Zip

**34785**

Country

**USA**

**100066381661**  
02/22/06--01020--028 \*\*450.00  
CR2E081 (12/05)

4. Date Incorporated or Qualified  
To Do Business in Florida

**12/30/2002**

5. FEI Number

**651171071**

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

**Alice Scott**

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

**9208 CR 241**

Suite, Apt. #, Etc.

City

**Wildwood**

State

**FL**

Zip Code

**34785**

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

**Alice J. Scott**

Date **2/12/06**

REGISTERED AGENT MUST SIGN

**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
<b>P/ST</b>	<b>Michael T. Scott</b>	<b>1992 East CR 462</b>	<b>Wildwood / FL / 34785</b>

**TS 2/13/06**

**REINSTATEMENT**

**02-13-06**

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 contained in Chapter 119, 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:

**Michael T. Scott**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**02-13-06 (352) 748-3444**

Date

Daytime Phone #

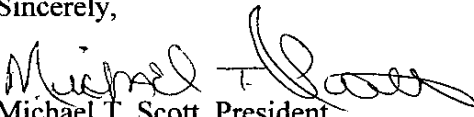
February 13, 2006

Florida Secretary of State  
Division of Corporations  
P.O. Box 6327  
Tallahassee, Florida 32314

To Whom It May Concern:

Please accept this letter as a request for consideration of a waiver of the reinstatement fee. To my knowledge, I did not receive the annual report notices for 2004. I enjoy doing business in Florida and understand the importance of compliance in order to continue doing business. I have a small business and during the formative years, I depended on various persons for administrative support. I have since corrected this business practice. Any and all consideration given to waiving the reinstatement fees is greatly appreciated. Should you have any questions or concerns, please do not hesitate to contact me at (352)461-9268.

Sincerely,

  
Michael T. Scott, President  
Scott's Lawn & Landscaping