

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

11/3

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

07 SEP 27 AM 9:25

STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P04000028027**

1. Corporation Name

Mike Fuller Landscaping Inc.

REINSTATEMENT

05-07

2. Principal Office Address - No P.O. Box #

2423 musselwhite AVE.

3. Mailing Office Address

2423 musselwhite AVE,

CR2E081 (1/07)

City & State

Orlando Florida

City & State

Orlando Florida

Zip

32804

Country

USA

Zip

32804

Country

USA

4. Date Incorporated or Qualified To Do Business in Florida

2/11/04

5. FEI Number

920198440

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

Mike Fuller

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

2423 musselwhite AVE.

Suite, Apt. #, Etc.

City

Orlando

State

FL

Zip Code

32804

☒ The reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the reinstatement fee be waived.

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

[Signature]

Date

9/24/07

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
P	Mike Fuller	2423 musselwhite AVE.	Orlando, FL 32804

400110014234
09/27/07--01026--018 **450.00

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:

Mike Fuller

Date

9/24/07

Daytime Phone #

(407) 666-3104

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Attention: Division of Corporation
Reinstatement office

I Mike Fuller is Writing
this letter in regards to
The Reinstatement of my
Corporation. I March of 07
I downloaded Forms to
Reinstate my Corporation.
Filled out The paper work and
sent it out with a Check of
\$450⁰⁰. I Thought everything
was OK. 5 months go By A
Contractor calls me to Tell
me my corporation is still
dissolved. I Thought is WAS A
mistake so I called your
office in Tallahassee to Check
on my corporation. I Found
out That my paper work + Check
were sent Back, But To
The wrong Address. The
Paper work WAS Filled out
Incorrectly. Long Story
Short my paper work + Check
ARE NOWHERE TO Be Found
SO I missed The 30 days To Reply.

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SO I CALLED YOUR OFFICE
TO EXPLAIN WHAT HAPPEND.
THAT THE PAPER WORK WAS
SENT BACK, BUT TO THE WRONG
ADDRESS. BUT NEVER EVEN
MADE IT THERE. LEAVING MY
PAPER WORK + CHECK LOST
IN THE MAIL. I WAS TOLD
TO DOWN LOAD NEW FORMS, FILL
IT OUT AND SEND THE FORM,
A CHECK OF \$450.00 AND A
LETTER TO EXPLAIN WHAT
HAPPEN AND EVERYTHING WOULD
BE OK. MY PAPER WORK
WOULD GO THROUGH TO REINSTATE
MY CORPORATION WITHOUT
ANY ADDED FEE OR PENALTIES.

Thank You!
Mike Fuller

Mike Fuller
(407) 666-3104