

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P95000020020

1. Corporation Name

F & D LAWN SERVICES, INC.

Principal Place of Business

920 NW 5TH AVE
POMPANO BEACH FL 33060
US

Mailing Address

920 NW 5TH AVE
POMPANO BEACH FL 33060
US

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

2. New Principal Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

03/13/1995

5. FEI Number

65-0605166

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
P	WILCHER, FRANK JR.	920 NW 5 AVE	POMPANO BEACH FL 33060

100004690811--6
-11/21/01--01049--003
****150.00 ****150.00

LS

8. Name and Address of Current Registered Agent

WILCHER, FRANK JR
920 NW 5TH AVE
POMPANO BEACH FL 33060

9. Name and Address of New Registered Agent

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.

Signature of
Registered Agent

SIGNATURE REQUIRED

Date

REGISTERED AGENT MUST SIGN

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.

Frank Wilcher Jr.

SIGNATURE:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

10-24-01-954-785-8392

CR2040 (801)

FILED

01 OCT 29 AM 11:19

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



208

October 23, 2001

Department of State
Division of Corporations
PO Box 6327
Tallahassee, FL 32314

RE: 65-0605166 F&D Lawn Services, Inc.

To Whom It May Concern:

Please note that we have received the notice of administrative dissolution of our corporation, but we did not receive the initial annual report. Attached please find the \$150.00 fee for the corporation and kindly reinstate this corporation.

Thank you for your understanding in this matter.

Sincerely,

Frank Wilcher, Jr., President