

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

**FILED**

03 NOV 14 PM 1:22

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P95000020020

**1. Corporation Name**

F & D Lawn Services, Inc.

**2. Principal Office Address**

920 NW 5th Ave.

Suite, Apt. #, etc.

City & State

Pompano Beach, FL

Zip

33060

Country

USA

**3. Mailing Office Address**

920 NW 5TH Ave.

Suite, Apt. #, etc.

City & State

Pompano Beach, FL

Zip

33060

Country

USA

900024716639

11/14/03--D1077--027 \*\*150.00

**REINSTATEMENT**

**4. Date Incorporated or Qualified  
To Do Business in Florida**

03/13/95.

**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. Name and Address of Current Registered Agent**

Name

Frank Wilcher, Jr.

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

920 NW 5th Ave.

Suite, Apt. #, Etc.

City

Pompano Beach

State

FL

Zip Code

33060

**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

*Frank Wilcher*

REGISTERED AGENT MUST SIGN

Date

11-6-03

**9. Names and Street Addresses of Each Officer and/or Director (Florida non-profit 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	FRANK WILCHER, JR	920 NW 5TH AVE.	Pompano Bch, FL 33060

**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:

*Frank Wilcher*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

11-6-03

Daytime Phone#

954-785-8392

CR2E081 (10/02)

20f2

*F & D lawn Services, Inc.*

920 NW 5<sup>th</sup> Avenue  
Pompano Beach, FL 33060

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(954) 785-8392

Frank Wilcher, Jr.  
President

November 6, 2003

Uniform Business Report  
Division Of Corporations  
PO Box 1500  
Tallahassee, FL 32302-1500

To Whom It May Concern:

Enclosed please find a check in the amount of \$150.00 to pay for the Annual Report for the year 2003. We are also including the Reinstatement form. Please be informed that we did not receive the original form and so we forgot to pay it. Kindly accept this payment and advise.

Thank you for your understanding.

Sincerely,

X *Frank Wilcher*

Frank Wilcher