

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**APPLICATION
FOR
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED

97 DEC -3 AM 9:49

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P95000098064**

1. Corporation Name
D.J.'S LAWN MAINTENANCE & INDUSTRIAL CLEANING SERVICE, INC.

Principal Place of Business
~~5117 JEANNINE COURT
ORLANDO FL 32807~~

Mailing Address
~~5117 JEANNINE COURT
ORLANDO FL 32807~~



REINSTATEMENT 96-97

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

2. New Principal Office Address, If Applicable:

3. New Mailing Office Address, If Applicable

4. Date Incorporated or Qualified To Do Business in Florida **12/22/1995**

Suite, Apt. #, etc.
1738 Foxboro Dr.
City & State
Orlando FL
Zip
32812 Country
USA

Suite, Apt. #, etc.
1738 Foxboro Dr
City & State
Orlando FL
Zip
32812 Country
USA

5. FEI Number **59-3355060** Applied For
Not Applicable

6. CERTIFICATE OF STATUS DESIRED \$6.75 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)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
P	JACK M. HALL	1738 Foxboro Dr	ORLANDO FL 32812

600002367586-5
-12/10/97-01005-0003
****915.00****915.00

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

HALL, JACK M
5117 JEANNINE COURT
ORLANDO FL 32807

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

Date **7/7/97**

REGISTERED AGENT MUST SIGN

11. Does this corporation pay any intangible tax to the Dept. of Revenue under S. 199.032, Florida Statutes. Yes No

(See other side for information on intangible tax.)

12. 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: JACK HALL Date **7/7/97** (407) 249-1663 Daytime Phone #

CPRE040 (7/95)