

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
**Jim Smith**  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

02 SEP 18 AM 11:10

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**DOCUMENT #**

896 0000 46677

**1. Corporation Name**

P. and I. Langer Inc.

300007855029--1  
-09/19/02--01087--018  
\*\*\*\*450.00 \*\*\*\*450.00

**2. Principal Office Address**

4530 Del Sol Blvd.S

Suite, Apt. #, etc.

**3. Mailing Office Address**

4530 Del Sol Blvd.S.

Suite, Apt. #, etc.

**City & State**

Sarasota, FL

**City & State**

Sarasota, FL

**Zip**

34243

**Country**

USA

**Zip**

34243

**Country**

USA

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

June 3, 1996

**5. FEI Number**

P 96000046677

**Applied For**

Not Applicable

**6. CERTIFICATE OF STATUS DESIRED**

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

**Name**

Peter D. Langer and Ilona R. Langer

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

4530 Del Sol Blvd. South

**Suite, Apt. #, Etc.**

**City**

Sarasota

State  
FL

**Zip Code**

34243

**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**

J. Langer

REGISTERED AGENT MUST SIGN

**Date**

09/08/2002

**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
Pres.	Peter D. Langer	4530 Del Sol Blvd.S.	Sarasota, FL 34243
Vice Pres	Ilona R. Langer	4530 Del Sol Blvd.S.	Sarasota, FL 34243

**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:**

P. Langer

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

09/08/2002 | 351-9400

Date

Daytime Phone #

CR2E061 (9/01)

J 9/18/02

# Peter's Lawn & Landscape Service

P & I. Langer Inc. 4530 Del Sol Blvd. S • Sarasota, FL 34243 • Phone (941) 351-9400 • Fax (941) 351-9400

Department of State  
Division of Corporations  
Corporate Filings  
PO BOX 6327  
Tallahassee, FL 32314

Date: 08/22/2002

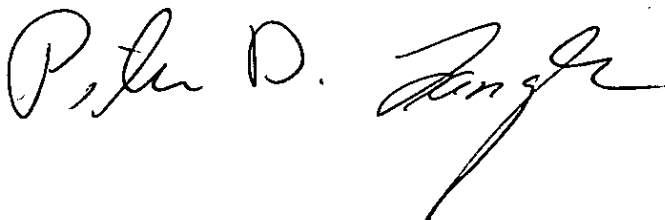
Dear Madam,

My accountant informed me, does my corporation is not active.  
This is not our fault.

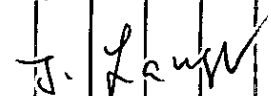
My agent Thomas W. Hill, 1318 Lafayette St. Cape Coral, FL  
33904-9770, mailed never your mail to us.  
Since he is responsible for our mail from you, we didn't chance our  
Address.

As soon I found out, my corporation is not active, I called you.  
And you told me, I should mail a \$ 450 check to reinstate my corporation.  
I'm sorry, but we didn't now about delay.

Sincerely yours  
Peter D. Langer



We are now our  
own agent's.  
Thank you



Peter & Ilona Langer, Inc.  
4530 Del Sol Blvd. S  
Sarasota, FL 34243  
(941) 351-9400