

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 NOV 14 AM 9:05

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P96000076445

1. Corporation Name

ALLIGATOR LAWN SERVICE, INC.

Principal Place of Business

1859 N PINE ISLAND RD. SUITE 232  
PLANTATION FL 33322

Mailing Address

1859 N PINE ISLAND RD. SUITE 232  
PLANTATION FL 33322

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

09/12/1996

5. FEI Number

65-0723704

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 (Do NOT Use Post Office Box Numbers) 3	City / State / Zip 4
PVST	ALLIH, AHAMED	780 NW 65TH AVE	PLANTATION FL 33317
D	ALLIH, AHAMED	780 NW 65TH AVE	PLANTATION FL 33317
			000002350040--8
			-11/18/97--D1025--023
			***165.00 ***165.00

8. Name and Address of Current Registered Agent

TURNER, OTHEL  
5787 W SUNRISE BLVD  
PLANTATION FL 33313

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

REGISTERED AGENT MUST SIGN

Date

11. This corporation owes or has paid the current year  
Intangible Personal Property tax due June 30.

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:

Ahamed C. ALLOH (Ahamed ALLOH)  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE: 11/17/97 154 593-2205  
Date Daytime Phone #



**OTHEL TURNER & CO.**

ACCOUNTANTS  
5787 WEST SUNRISE BOULEVARD • HUMANA PLAZA  
PLANTATION, FLORIDA 33313  
(954) 583-2205 FAX: (954) 321-0532

November 30, 1997

Department of State  
Division of Corporation  
P.O. Box 6327  
Tallahassee, Fl. 32314

RE: Alligator Lawn Service, Inc.  
1997 Annual Renewal

We have just today received the application for reinstatement from your office. We were surprised because we had previously sent a report and check into your office.

Enclosed is a copy of the check, # 1107 dated 8/27/97, which we sent in with a request for the abatement of the late filing penalty. In as much we had not heard any response from your office we thought everything was ok. Apparently it is not. I asked Mr Allih to see if the check had been cashed. It had not been.

We are requesting reinstatement and again requesting abatement of the late filing penalty.

We are enclosing the original amount of \$165.00 on check # 1144. Please let us know if this is accepted. If not we will immediately send the balance to your office.

Sincerely,

Othel Turner, Accountant  
for Alligator Lawn Service.