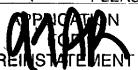
PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.





FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

Secretary of State

DIVISION OF CORPORATIONS

P96000076445 **DOCUMENT #**

1. Corporation Name

ALLIHGATOR LAWN SERVICE, INC.

long the first first 97110V 14 MM 9: 05 SECRETARY OF STATE TALLAHASSEE, FLORIDA

Principal Place of Business 1859 N PINE ISLAND RD. SUITE 232 PLANTATION FL 33322		Mailing Addross 1859 N PINE ISLAND RD. SUITE 232 PLANTATION FL 33322					
If above addresses are incorrect in any way, line t 2. New Principal Office Address, if Applicable Sulte, Apt. #, etc. City & State		3. New Mailing Office Address, t Suite, Apt. #, etc.			4. Date Incorporated or Qualified To Do Business in Florida 09/12/1996 5. FEI Number Applied For Not Applied For		
Žíp	Country	Zip	Countr	у	6.	\$8	75 Additional Fee required for a Certificate of Status
7. Names	and Street Addresses of Each Officer an	d/or Director (Fig	orida nonprofit corpora	itions must list at loa	st 3 directors)		
Title(s)	Name of Officers and/or Directors		Street Address of Each Officer and/or Director 3 (Do NOT Use Post Office Box N		City / State / Zip		
PVST	ALLIH, AHAMED		780 NW 65TH AVE			PLANTATION FL 33317	
D	ALLIH, AHAMED	780 NW 65TH AVE			PLANTATION FL 33317		
					0	00002350 -11/18/97 ****165,00	10408 01025023 ****165.00
		· · · · · · · · · · · · · · · · · · ·		T		JP 17-	07
				9. Name and Address of New Registered Agent Name			
TURNER, OTHEL 5787 W SUNRISE BLVD			Street Address (P.O. Box Number is Not Acceptable)				
PLANTATION FL 33313				Suite, Apt. #, Etc.			
				City		State	
10. I, being	appointed the registered agent of the at	ove named corp	oration, am familiar wi	th and accept the ob	ligations of Sect	ion 607.0505, F.S.	<u> </u>
Signature of Registered Agent						Date	
	is corporation owes or hangible Personal Prope			er Yes 🏻	No 🗌	(See other sid on Inter	le for information ngible tax.)
12. I certify this rein	that I am an officer or director or the rec statement application, the reason for dis	piver or trustee er solution has beer	mpowered to execute a climinated, the corpo	this application as p	rovided for in cha	apter 607 or 617, F.S. I furthor of section 607.0401 or 617.0	certify that when filing 401, 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 eath.



DTHEL 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: Allihator 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 of 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 Allihgator Lawn Service.