

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

Glenda E. Hood  
Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT # P97000018256

1. Corporation Name

M.Y. LAND SERVICES, INC.

Principal Place of Business

Mailing Address

8233 GATOR LANE  
SUITE 16  
WEST PALM BEACH FL 33411  
US

18522 40TH RUN NORTH  
LOXAHATCHEE FL 33470  
US

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

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

FILED

04 MAR 25 AM 8:51

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

REINSTATEMENT

03-04



500030945005  
03/23/04--01097--009 \*\*900.00

4. Date Incorporated or Qualified  
To Do Business in Florida

02/27/1997

5. FEI Number

65-0746918

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)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
D	GRIFFIN, YVETTE C	18522 40TH RUN NORTH	LOXAHATCHEE FL 33470
D	GRIFFIN, MILES D	18522 40TH RUN NORTH	LOXAHATCHEE FL 33470

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

GRIFFIN, YVETTE C  
18522 40TH RUN NORTH  
LOXAHATCHEE FL 33470

Name

Miles D. Griffin

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

18522 40th Run North

Suite, Apt. #, Etc.

City

Loxahatchee

State

FL

Zip Code

33470

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. or 617.0505, F.S.

Signature of  
Registered Agent

*Miles D. Griffin*

REGISTERED AGENT MUST SIGN

Date

3/10/04

11. 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:

*Miles D. Griffin*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/10/04

Date

561-795-4648

Daytime Phone #

CR2E040 (7/03)