

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

4

APPLICATION OF REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P98000059836

1. Corporation Name
L & A LANDSCAPING, INC.

00 OCT 24 AM 9:26

Principal Place of Business Mailing Address

732-51ST ST 732-51ST ST
-371 W 36TH ST WEST PALM BCH -371 W 36TH ST WEST PALM BCH
-RIVIERA BEACH FL 33404 FL 33407 -RIVIERA BEACH FL 33404 FL 33407



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 07/02/1998

5. FEI Number 65-0855110 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)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
P	LIVINGSTON, HUGH A	371 W 36TH ST	RIVIERA BCH FL 33404
VP	LEEFART, FRITZ LEEFATT	732 51 ST.	WPB FL 33407
S	LEEFART, PAULINE P LEEFATT	732 51ST STREET	WPB FL 33407

8. Name and Address of Current Registered Agent

LEFARTY, PAULINE
732-51ST STREET
WPB FL 33407

9. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)
Suite, Apt. #, Etc.
City State Zip Code
FL

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 Fritz Leefatt Date 10-19-00
REGISTERED AGENT MUST SIGN

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: Fritz Leefatt FRITZ LEEFATT 10-19-00 (561) 844-6792
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E040 (8/00)

732 - 51st STREET
WEST PALM BEACH
FLORIDA 33407,
OCTOBER 19-00,

DEAR SIR / MADAM,

THIS LETTER IS IN REGARDS TO THE REVOCATION
NOTICE THAT I HAVE RECEIVED, I DID NOT RECEIVED
YOUR PREVIOUS NOTICES DUE TO THE FACT THAT MY
PARTNER MR HUGH ARMSTRONG HAD TEMPORARLY
VACATED THAT ADDRESS, HE IS PRESENTLY LIVING THERE
BUT THAT DOES NOT SOLVE THE PROBLEM.

IN THE FUTURE I WOULD LIKE ALL CORRESPONDENCE
TO BE FORWARDED TO THE ABOVE ADDRESS, ALSO ON
THIS APPLICATION FOR REINSTATEMENT FORM, FEW OF
THE NAME ARE SPELLED INCORRECTLY.

SINCERELY,

FRIE LEFATT.