

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

03 MAR 14 AM 9:30

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P94000013118

1. Corporation Name

GATES LAWN SERVICE, Inc.

2. Principal Office Address

1 HARBOURSIDE DRIVE

Suite, Apt. #, etc.

# 1705

City & State

DELMAR BEACH FL

Zip

33483

Country

USA

3. Mailing Office Address

1 HARBOURSIDE DRIVE

Suite, Apt. #, etc.

# 1705

City & State

DELMAR BEACH FL

Zip

33483

Country

USA

4. Date Incorporated or Qualified  
To Do Business in Florida

5. FEI Number

65 049 4228

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED

\$8.75 Additional Fee required  
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

STEPHEN R. GATES

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

1 HARBOURSIDE DRIVE

Suite, Apt. #, Etc.

# 1705

City

DELMAR BEACH

State  
FL

Zip Code

33483

600014101296

03/14/03--01101--017 \*\*\*500.00

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

Stephen R. Gates

REGISTERED AGENT MUST SIGN

Date 3-4-03

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
P Pres.	STEPHEN R. GATES	1 HARBOURSIDE DRIVE - 1705 - DELMAR BEACH FL 33483	DELMAR BEACH FL 33483

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:

Stephen R. Gates

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-4-03

Date

561 265 2625

Daytime Phone #

03 3118

GATES LAWN SERVICE  
1 HARBOURSIDE DRIVE #1705  
DELRAY BEACH, FL 33483  
(561) 265-2625

MARCH 4, 2003

TO WHOM IT CONCERNS

ENCLOSED IS A CHECK FOR \$600.00.

PLEASE REINSTATE MY CORPORATION TO ACTIVE STATUS.

MY CORPORATION WAS INACTIVATED BECAUSE I DID NOT FILE MY FORM. I DID NOT FILE BECAUSE I NEVER RECEIVED MY FORM OR YOUR FOLLOW UP DOCUMENTS.

YOUR RECORDS SHOW MY MAILING ADDRESS AS 2915 SW 22ND CIRCLE #35C. I RELOCATED 4/96.

IT APPEARS THAT WHEN I FILED MY FORM IN 2/97 I SUPPLIED MY NEW ADDRESS AT 1

HARBOURSIDE DR. #1705 WHICH APPEARS AS MY PRINCIPAL ADDRESS IN YOUR RECORDS BUT NOT AS MY MAILING ADDRESS.

I'M STILL A LITTLE PUZZLED BECAUSE I FILED MY FORM IN 1998 + 1999. POSSIBLY THE POST OFFICE

FORWARDED THE FORMS TO ME FOR THOSE YEARS.

SOMETHING STRANGE HAPPENED.

THANK YOU.

Sincerely

Steph N. Galt  
FL 265-2625