

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
~~REINSTATEMENT~~



FLORIDA DEPARTMENT OF STATE

Jim Smith

Secretary of State

DIVISION OF CORPORATIONS

FILED

02 OCT 25 PM 3:20

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P99000031157

1. Corporation Name

JAMES GILBERT LAWN SERVICE, INC.

Principal Place of Business

14519 RIVERSIDE DRIVE
FORT MYERS FL 33905

Mailing Address

14519 RIVERSIDE DRIVE
FORT MYERS FL 33905

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

4. Date Incorporated or Qualified
To Do Business in Florida

04/01/1999

5. FEI Number

65-0965794

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
PD	GILBERT, JAMES P	14519 RIVERSIDE DRIVE	FORT MYERS FL 33905
STD	GILBERT, GINA	14519 RIVERSIDE DRIVE	FORT MYERS FL 33905

700008591847
10/25/02--01046--020 **150.00

8. Name and Address of Current Registered Agent

GILBERT, JAMES P
14519 RIVERSIDE DRIVE
FT MYERS FL 33905

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. or 617.0505, F.S.

Signature of
Registered Agent

James P. Gilbert
REGISTERED AGENT MUST SIGN

Date 10/23/02

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:

James P. Gilbert
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E040 (8/02)

282

James Gilbert Lawn Service, Inc.
14519 Riverside Drive
Ft. Myers, FL 33905

Department of State
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

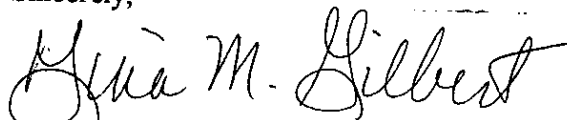
October 18, 2002

RE: Waiver of reinstatement fee

To Whom It May Concern:

We respectfully are requesting that you waive all reinstatement fees that might otherwise be assessed to us due to filing this years UBR form late. The reason for our delinquency is because the prior UBR notices were not received. We have personally taken over our own bookkeeping beginning January of this year and we were completely unaware of the law concerning these matters until now. We would appreciate this one time waiver of late fees and will not let ourselves fall behind again. Thank-you for your consideration in this matter. Enclosed is our check for filing fees without penalty.

Sincerely,



Gina Gilbert
Secretary, Treasurer, Director