

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Glenda E. Hood
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

DOCUMENT # **P99000067981**

1. Corporation Name

LAND-MAR SERVICES, INC.

03 OCT 23 AM 8:00

Principal Place of Business

1742 W ATLANTIC BLVD
POMPANO BEACH FL 33069

Mailing Address

5399 SW 42 ST
FORT LAUDERDALE FL 33314

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

07/26/1999

5. FEI Number

65-0949321

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) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
D	DOYON, PETER	5375 S.W. 42ND STREET	DAVIE FL 33314

300024043483
10/23/03--01026--008 **150.00

8. Name and Address of Current Registered Agent

DOYON, PETER
5375 S.W. 42ND STREET
DAVIE FL 33314

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

REGISTERED AGENT MUST SIGN

Date

10/10/03

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:

Peter Doyon
Peter Doyon

Date

10/10/03

Daytime Phone #

(1)

Land Mar Services
5399 SW 42nd St
Davie, Fl 33314

October 20, 2003

Florida Dept. of State
Divisions of Corporations
Annual Report/Reinstatement section
PO Box 6327
Tallahassee, Fl 32314-6327

RE: Certificate of administrative dissolution or revocation
Your letter dated October 15, 2003

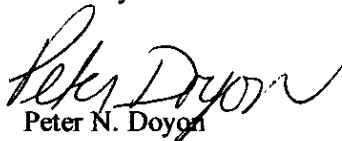
To Whom It May Concern:

I am in receipt of your letter dated October 16, 2003. I have called your office (in addition to responding by letter). Since I did not receive any prior notice for the dissolution your office instructed me to send 150.00 for re-instatement fee.

I still request that continue to read my correspondence and address the waiver request.

Should you need any further assistance please feel free to call upon me at anytime. 954-410-8939

Sincerely



Peter N. Doyon
President
Land Mar Services, Inc.