

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**

FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State

DIVISION OF CORPORATIONS

FILED

01 OCT 26 PM 3:08

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P99000106342

1. Corporation Name

Loxahatchee Land Services, Inc.

2. Principal Office Address

301 Wild Oats Court

Suite, Apt. #, etc.

City & State

Royal Palm Beach, FL

Zip

33411

Country

USA

3. Mailing Office Address

Suite, Apt. #, etc.

City & State

Zip

Country

800004679418--8

-11/14/01--01086--022

****300.00 ****300.00

4. Date incorporated or Qualified
To Do Business in Florida

12/6/1999

5. FEI Number

65-0979316

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$6.75 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

Mark W. Sands

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

301 Wild Oats Court

Suite, Apt. #, Etc.

City

Royal Palm Beach

State

FL

Zip Code

33411

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

Mark W. Sands

Date 10-10-01

REGISTERED AGENT MUST SIGN

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	Mark W. Sands	301 Wild Oats Court	Royal Palm Beach, FL 33411

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 118.07(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:

Mark W. Sands

10-9-01

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

2002

~ Janet Kearns, EA ~

10421 151st Lane N.
Jupiter, FL 33478
744-3051 or 758-0674

October 9, 2001

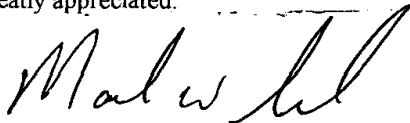
Florida Department of State
Division of Corporations
Tallahassee, FL

RE: Loxahatchee Land Services, Inc.
301 Wild Oats Court
Royal Palm Beach, FL 34411

Request for Reinstatement

We are submitting a check in the amount of \$300.00 and respectfully request a waiver of further fees for reinstating the above corporation. Due to flooding where the paperwork was kept, annual reports were lost or ruined. A decrease in operations and taking care of the mess led to the lapse of filing the required reports. As we have now reorganized the company we would like to ask for this reinstatement and waiver so we can bring all filings and requirements up to date. Any consideration you can give us in this matter would be greatly appreciated.

Sincerely,



Mark W. Sands
President