

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

03 FEB 10 PM 12:48

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT #

1. Corporation Name

Loxahatchee Land Services, Inc.
16141 E. Whitton Drive
Loxahatchee, FL 33470

2. Principal Office Address
same

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Office Address
same

Suite, Apt. #, etc.

City & State

Zip

Country

**4. Date Incorporated or Qualified
To Do Business in Florida**

12/06/99

5. FEI Number

65-0979316

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

Mark W. Sands

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

16141 E. Whitton Drive

Suite, Apt. #, Etc.

City

Loxahatchee, FL 33370

State
FL

Zip Code
33470

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

REGISTERED AGENT MUST SIGN

Date 2/4/2003

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	16141 E. Whitton Dr.	Loxahatchee, FL 33470

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/4/2003

Date

Daytime Phone #

2/13

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

SUBJECT: LOXAHATCHEE LAND SERVICES, INC.

ENCLOSED IS APPLICATION FOR REINSATEMENT OF THE ABOVE CORPORATION. ALSO ENCLOSED IS A CHECK FOR LAST YEAR AND THIS YEARS FEE. DUE TO A CHANGE IN ADDRESS WE DID NOT RECEIVE OUR ANNUAL REPORT AND WAS NOT AWARE THAT IT WAS DISSOLVED. YOUR HELP IN THIS MATTER IS APPRECIATED. PLEASE NOTE THE NEW ADDRESS FOR YOUR RECORDS.
