

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 DEC 16 PM 1:57

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # S50660

1. Corporation Name

NIEHAUS MAINTENANCE & LANDSCAPE CO., INC.

Principal Place of Business

Mailing Address

7380 61ST ST.  
VERO BEACH FL 32967

7380 61ST ST.  
VERO BEACH FL 32967

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

4. Date Incorporated or Qualified To Do Business in Florida

05/06/1991

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

59-3063511

Applied For

City & State

City & State

Not Applicable

Zip Country

Zip Country

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
DP	NIEHAUS, DON F.	7380 61ST ST.	VERO BEACH FL
DV	PERSON, ARTHUR B	1406 SO. RIVERSIDE DR.	INDIALANTIC FL 32903

*Handwritten signature*

600008592686  
10/25/02 01054 010 \*\*150.00

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

PERSON, ARTHUR B.  
1406 SO. RIVERSIDE DR.  
P.O. BOX 2630  
INDIALANTIC FL 32903

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

*Handwritten signature*  
**SIGNATURE REQUIRED**  
REGISTERED AGENT MUST SIGN

Date \_\_\_\_\_

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:

*Handwritten signature*  
**SIGNATURE REQUIRED**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

10-21-02

CR2E040 (8/02)

**Arthur B. Person**

**442 Fourth Avenue**

**Indianapolis, FL 32903**

(321) 728-8081 (321) 733-1040 (800) 455-8799

Fax: (321) 723-7410 (321) 733-7014

October 23, 2002

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

Gentlemen:

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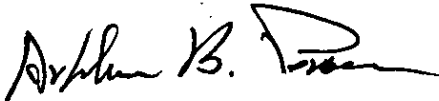
We are the accountants for Niehaus maintenance and Landscape Co., Inc., 7380 61<sup>st</sup> Street, Vero Beach, FL 32965.

Mr. Don Niehaus has today presented to us the Annual Report for his corporation and a check for \$150.00 He has had a Secretary leave his employment after working two to three weeks for the last eight months. He finally had his wife come into the office to at least answer the phone as he was losing clients because no one was taking care of business.

Mr. Niehaus told me the enclosed notice is the first he has seen and feels that any penalties assessed was not his fault.

I would appreciate it if you would take the information above into consideration and waive the penalties.

Very truly yours,



Arthur B. Person

Accountant for Niehaus Maintenance and Landscape Co., Inc.

cc: D. Niehaus