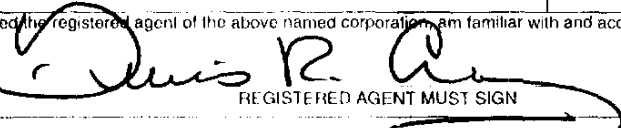
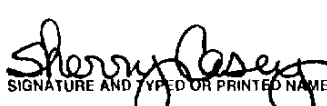


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT		 FLORIDA DEPARTMENT OF STATE Sandra Mortham Secretary of State DIVISION OF CORPORATIONS		FILED 98 MAY -1 PM 1:36 SECRETARY OF STATE TALLAHASSEE, FLORIDA	
DOCUMENT # K18599 1. Corporation Name CASEY'S LAWN SERVICE, LANDSCAPE & NURSERY, INC.					
Principal Place of Business 2300 SW 112TH AVE. DAVIE, FL 33325-4815		Mailing Address 2300 SW 112TH AVE. DAVIE, FL 33325-4815			
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 03/14/88 5. FEI Number 65-0451049 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	2	3	4		
Title(s)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	City / State / Zip		
DP	CASEY, FRANCIS R.	2300 SW 112TH AVE.	DAVIE, FL 33325		
DS	CASEY, FRANK R.	2300 SW 112TH AVE.	DAVIE, FL 33325		
D	CASEY, SHIRLEY	2300 SW 112TH AVE.	DAVIE, FL 33325		
VP	CASEY, CHRISTOPHER	2300 SW 112TH AVE.	DAVIE, FL 33325		
T	CASEY, SHERRY	2300 SW 112TH AVE.	DAVIE, FL 33325		
				300002520823--9 -05/12/98--01087--008 ***1050.00 ***1050.00	
8. Name and Address of Current Registered Agent CASEY, FRANCIS R. 2300 SW 112TH AVE. DAVIE, FL 33325			9. Name and Address of New Registered Agent REINSTATEMENT 96-98 Street Address (P.O. Box Number is Not Acceptable) Suite, Apt. #, Etc. City State Zip Code FL		
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. Signature of Registered Agent:  Date: 4/27/98 REGISTERED AGENT MUST SIGN					
11. Does this corporation pay any intangible tax to the Dept. of Revenue under S. 199.032, Florida Statutes. Yes ☒ No ☐ (See other side for information on intangible tax.)					
12. 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			Date: 4/27/98 Daytime Phone #		

CR2E040 (12/95)