PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
2008 FEB -6 PM 1:49
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P05000009158

1. Corporation Name
KNOEBEL'S LANDSCAPING INC.

800117246168
02/06/08--01014--006 **1050.00

REINSTATEMENT ACCEPTED 06-08

2. Principal Office Address - No P.O. Box #		**3.** Mailing Office Address	
1899 NEW HAMPSHIRE AVE NE		PO BOX 55501	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
ST. PETERSBURG, FL 33703		ST. PETERSBURG, FL 33703	
Zip	Country	Zip	Country
33703	US	33732	US

4. Date Incorporated or Qualified To Do Business in Florida 01/2005

5. FEI Number 35-2247015 ☐ 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
ALISIAH KELLEY KNOEBEL

Street Address (P.O. Box Number is Not Acceptable)
1899 NEW HAMPSHIRE AVE NE

Suite, Apt. #, Etc.

City	State	Zip Code
ST. PETERSBURG, FL 33703	FL	33703

☐ The reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the reinstatement fee be waived.

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 A. Kelley Knoebel REGISTERED AGENT MUST SIGN Date 01-30-2008

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	JOSEPH KNOEBEL	1899 NEW HAMPSHIRE AVE NE	ST. PETERSBURG, FL 33703
VP	ALISIAH KELLEY KNOEBEL	1899 NEW HAMPSHIRE AVE NE	ST. PETERSBURG, FL 33703

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 contained in Chapter 119, 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: Alisiah Kelley Knoebel A. Kelley Knoebel 01-30-2008 (727) 742-2527
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

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