


CORPORATION

 FLORIDA DEPARTMENT OF STATE
 Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

FILED

02 JAN 25 AM 11:00

DOCUMENT # **J11067**
 1. Corporation Name
KEBE EXECUTIVE LAWN SERVICES, INC.

SECRETARY OF STATE
 TALLAHASSEE, FLORIDA
100004915461--9
 -02/13/02--01071--003
 ****300.00 ****300.00
100004915461--9
 -02/13/02--01071--004
 ****150.00 ****150.00

2. Principal Office Address
847 NW 7 ST

3. Mailing Office Address

Suite, Apt. #, etc.

City & State
BOCA RATON, FL

Zip Country
33486 PALM BEACH

4. Date Incorporated or Qualified To Do Business in Florida
4/24/1986

5. FEI Number
592678928

6. CERTIFICATE OF STATUS DESIRED \$8.75 Additional Fee required for a Certificate of Status

7. Name and Address of Current Registered Agent

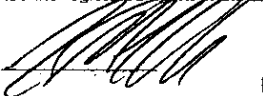
Name
KEITH KEBE

Street Address (P.O. Box Number is Not Acceptable)
1161 NW 13 ST

Suite, Apt. #, Etc.
BOCA RATON, FL 33486

City State Zip Code
BOCA RATON, FL 33486

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
 **KEITH A. KEBE**

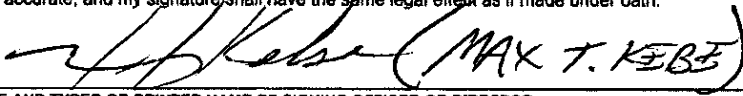
Date
12/17/01

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
PRES.	MAX T. KEBE	847 NW 7 ST	BOCA RATON FL 33486
(ONLY 1)			
			00-02

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:  **(MAX T. KEBE)** Date **12/17/01** Daytime Phone # **561 3910331**

CR2E381 (9/00)

Page 2

Dept. of State
Division of Corporations
P. O. Box 6327
Tallahassee, Fl. 32314

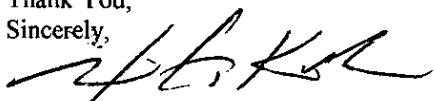
12/18/01

Dear Division of Corporations,

I recently tried to buy a new truck for my corporation. I gave the truck company my I.D. number (592678928). The Truck Company informed me that my corporation had been dissolved, or was no longer in business. As you can imagine I was totally caught by surprise. I have been incorporated since 1986. I have always received the appropriate forms directly from you. I obviously did not receive the proper forms (or any forms), from you. In this instance. Since this discovery I have talked to your representative at the telephone number of (850) 245 6059. The representative instructed me to download the proper forms and draft a letter explaining the situation. Please look into this matter and please make sure to keep me up to date on any forms I will need in the future to make sure that this does not happen again.

I thank you in advance for any assistance you can give me and I will be at your service if needed. You can contact me at (561) 391 0331 if you need to discuss this matter any further.

Thank You,
Sincerely,



Max T. Kebe (President)