

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # J49153

1. Corporation Name
Rathgeb Brothers Lawn Care, Inc.

FILED
97 DEC 26 PM 1:00
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business
15035 N. Pebble Ln.
Ft. Myers, FL
33912

Mailing Address
P.O. Box 61413
Ft. Myers, FL
33906-0643

REINSTATEMENT

AD
88-97

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
January 1, 1987

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

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 (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
P	Pete Rathgeb	15035 N. Pebble Ln	Ftmyers Fla 33912
VP	Phil Rathgeb	15035 B N. Pebble Ln	Ftmyers Fla 33912
Sec. Tres	Roy Rathgeb	1116 SE S AVE	Cape Coral Fla 33990
			900002386319--5 -12/30/97--01080--032 ***1820.00 ***1820.00

8. Name and Address of Current Registered Agent

James C. Johnston
1639 Hendry Street
Ft. Myers, FL 33901

9. Name and Address of New Registered Agent

Name Diane Rathgeb
Street Address (P.O. Box Number Not Acceptable) 15035 N. Pebble Ln
Suite, Apt. #, Etc.
City Ftmyers State FL Zip Code 33912

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 *Diane Rathgeb*
REGISTERED AGENT MUST SIGN

Date 12-20-97

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: *Pete Rathgeb*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

12-20-97
Date

941-433-0043
Daytime Phone #

CR2540 (12/95)