2007 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# M78020

Entity Name: LAKEVIEW DIRT CO., INC.

FILED Oct 08, 2007 Secretary of State

| Current Principal Place of Business: | New Principal Place of Business: |
|--------------------------------------|----------------------------------|
|--------------------------------------|----------------------------------|

497 S HOLMES BLVD ST AUGUSTINE, FL 32084

Current Mailing Address: New Mailing Address:

US

497 S. HOLMES BLVD. ST AUGUSTINE, FL 32084 US

FEI Number: 59-2904912 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

WILSON, HARRIET A WILSON, GARY L
497 S HOLMES BLVD. 5540 BLACKJACK GROVE LANE
ST. AUGUSTINE, FL 32084 US JACKSONVILLE, FL 32258 US

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: GARY LYNN WILSON 10/08/2007

Electronic Signature of Registered Agent Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice. Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P () Delete Title: P (X) Change () Addition

Name: WILSON, GREG Name: WILSON, GREG

 Address:
 1355 NORTHWOOD DRIVE
 Address:
 105 BEECHERS POINT DRIVE

 City-St-Zip:
 ST. AUGUSTINE, FL 32084
 City-St-Zip:
 WELAKA, FL 32193

Title: S () Delete Title: S (X) Change () Addition
Name: WILSON, HARRIET A Name: WILSON, HARRIET A

Name: WILSON, HARRIET A Name: WILSON, HARRIET A
Address: 1355 NORTHWOOD DRIVE Address: 105 BEECHERS POINT DRIVE
City-St-Zip: ST. AUGUSTINE, FL 32084 City-St-Zip: WELAKA, FL 32193

Title: VP () Delete Title: () Change () Addition

 Name:
 WILSON, GARY L
 Name:

 Address:
 5540 BLACKJACK GROVE LANE
 Address:

 City-St-Zip:
 JACKSONVILLE, FL 32258
 City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: GARY LYNN WILSON VP 10/08/2007