PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

REINSTATEMENT	FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS	FILED 04 DEC 16 PM 1:31
DOCUMENT #0100000667		SECRETARY OF STATE TALLAHASSEE, FLORIDA
Florida Vegetation Management Association, Inc.		
2. Principal Office Address 1809 E. Broadway St.	3. Mailing Office Address Same 95 # 2	REINSTATEMENT 02-04
Suite, Apt. #, etc. Suite 325	Suite, Apt. #, etc.	4. Date Incorporated or Qualified To Do Business in Florida
Oviedo, FL	City & State	5. FEI Number Applied For
	Zip Country	6. CERTIFICATE OF STATUS DESIRED S8.75 Additional Fee required for a Certificate of Status
7. Name and Address of Current Registered Agent		
V. A. Lewis		
Street Address (P.O. Box Number is Not Acceptable) 66 Laslie Plantation Road		
Suite, Apt. #, Etc. 400043550674		
Quincy		12/21/0401004023 **183 75 State Zip Code FL 32352
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 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 Eacl Officer and/or Directo	
P. D Terry Whited	ear 230 Miller Roo	ad Orange City FL32763
VP, D Gary Seitz	5052 Shady Lak	e Lane Lakeland, FL 33813
S.O Linda Yarrish		ad #5650 West Palm Beach FL33416
T. D Paul Mason	2550 Oak Shada	ow Court Oviedo, FL 32766
0 J. A. "Andy" Len		tionRoad Quincy FL 32352
		BRIZIL
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: SIGNATURE: Oct. 28, 2004 850-815-3250		
SIGNATURE: V. 7. LEWIS CET. 28, 2004 830-873-3230 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #		



Florida Vegetation Management Association - FVMA 1809 E. Broadway Street - Suite 325 Oviedo, FL 32765

October 27, 2004

Department of State
Division of Corporations
P. O. Box 6327
Tallahassee, FL 32314

To Whom This May Concern:

Reference: Reinstatement of Incorporation

In a recent visit with your office in Tallahassee seeking information concerning the corporate status of our FVMA organization, I was informed that the Association had been dissolved for a lack of filing and that a written statement was necessary to initiate reinstatement. I was also instructed to pay the amount of \$183.75 to achieve reinstatement and to advise in writing of our failure to receive notice(s) concerning annual renewal.

As a Director, Secretary Treasurer and the Registered Agent for this organization, I have not received any notice(s) of annual filing requirements. I am completely unable to explain the reason(s) for this situation and only believe this to be the fact that our former post office box address at Gainesville was not effectively maintained — a situation that must have contributed to this incident. In any event, please find payment in the noted amount to facilitate this reinstatement request.

Should additional information or funds be required to facilitate reinstatement please do not hesitate to contact me at 66 Laslie Plantation Road, Quincy FL 32352, at telephone number 850-875-3250 or by E-mail at Quincypl@aol.com.

Thank you, for your consideration in this endeavor.

Sincerely

J. A. "Andy" Lewis

Director, Secretary Treasurer

Attachment