

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

Katherine Harris
Secretary of State

DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

01 DEC 10 PM 4:00

DOCUMENT # P00000012346

1. Corporation Name

Outdoor Services Fertilization, Inc.

2. Principal Office Address

1032 Chatham Pines Cir.

Suite, Apt. #, etc.

Apt #210

City & State

Winter Springs, FL

Zip

32708

Country

USA

3. Mailing Office Address

Post Office Box 195368

Suite, Apt. #, etc.

City & State

Winter Springs, FL

Zip

32719

Country

USA

000004739640--3

-12/26/01--01090--005

****158.75 ****158.75

4. Date Incorporated or Qualified
To Do Business in Florida

11/31/2000

5. FEI Number

59-3626577

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

Patrick E. Jorgensen

Street Address (P.O. Box Number is Not Acceptable)

9897 Lake Georgia Drive

Suite, Apt. #, Etc.

City

Orlando

State

FL

Zip Code

32817

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

Pat Jorgensen

Date 11-12-01

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
D	Jorgensen, Patrick E.	9897 Lake Georgia Dr.	Orlando, FL 32817
D	Kling, Donald J.	1032 Chatham Pines Cir	Winter Springs, FL 32708

AD

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:

DONALD KLING

11-12-01

Date

407-468-0754

Daytime Phone #

November 12, 2001

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

RE: Outdoor Services Fertilization, Inc.
FEIN: 59-3626577

Dear Sir or Madam:

On behalf of the above referenced taxpayer, please find enclosed their 2001 Application for Corporate Reinstatement.

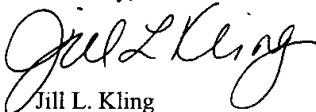
The business mailing address was erroneously reported to the State of Florida by the preparer of the Incorporation Documents. Subsequently, the taxpayer did not receive a copy of their pre-printed Uniform Business Report or any additional delinquent notices you may have mailed. It was discovered that the corporation had been administratively dissolved when I performed an online record search.

The enclosed Application for Reinstatement correctly shows the corporation's mailing address as well as the corrected mailing addresses for the registered agent and directors.

We respectfully request that you waive the \$600 reinstatement fee, as this is the first time the corporation has not timely filed the report. The taxpayer insures that all future reports will be filed in a timely manner, as the taxpayer is now fully aware of their filing requirement. We have enclosed the annual corporation filing fee of \$150 plus an additional \$8.75 to receive a Certificate of Status.

We appreciate your assistance. Please do not hesitate to contact me should you have any questions or concerns.

Sincerely,


Jill L. Kling
Accountant