

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE

Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED

02 JUL -8 AM 11:45

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P000000 38402

1. Corporation Name

J.S. LANDSCAPING and TRACTOR SERVICE, INC.
16330 N 91 PLACE
LOXAHATCHEE FL 33470

2. Principal Office Address

16330 N 91 PL

Suite, Apt. #, etc.

City & State

LOXAHATCHEE FL

Zip

33470

Country

PAIM BCH

3. Mailing Office Address

Suite, Apt. #, etc.

City & State

LOXAHATCHEE FL
SAME

Zip

Country

**4. Date Incorporated or Qualified
To Do Business in Florida**

04-10-2000

5. FEI Number

36-4361279

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

JOHN B. SCHNELL

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

16330 N 91 PLACE

Suite, Apt. #, Etc.

City

LOXAHATCHEE

State

FL

Zip Code

33470

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

X [Signature]

Date 06-26-02

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
P, D	JOHN B. SCHNELL	16330 N 91 PLACE	LOXAHATCHEE FL 33470

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)(l), 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:

X [Signature]

JOHN B. SCHNELL
PRESIDENT

06-26-02 (561) 315-1902

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E081 (9/01)

J S Landscape & Tractor Service, Inc.

~~509 S Arnold Avenue~~ 16330 N 91 PL

~~Lantana FL 33462~~ LOXAHATCHEE FL 33470
(561) 315-1902

FL Dept of State
Division of Corporations
PO Box 6327
Tallahassee FL 32314-6327

Customer Service,

June 26, 2002

Reference: EIN 36-4361279
Document # P00000038402

Last week I went to renew my County Occupational License, and was told by a worker there that my Corporation had been dissolved by your office. They were nice enough to give me your phone number so I could find out what caused this.

I telephoned your office and a Lady told me that I should have received an annual form from you that needed to be signed & a fee paid. I explained that I had opened my Corporation on 04/10/2000 and I had never received any forms from your office. She told me to write you a letter explaining all of this and include a check for \$300.00 and you would straighten this out for me.

Enclosed is my check for \$300.00 as per her instructions to undissolve my Corporation.

Thank-you very much for your assistance in this matter.

Respectfully Submitted,



John B. Schnell - President, J S Landscaping & Tractor Service, Inc.