

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

04 APR -6 AM 11:56

SECRETARY OF STATE
TALLAHASSEE FLORIDA

DOCUMENT # P00000045907

1. Corporation Name

J & E Terrascapes, Inc.

2. Principal Office Address

23070 Skyview Cr.

Suite, Apt. #, etc.

City & State

Brooksville, FL

Zip

34602

Country

USA

3. Mailing Office Address

23070 Skyview Cr.

Suite, Apt. #, etc.

City & State

Brooksville, FL

Zip

34602

Country

USA

4. Date Incorporated or Qualified

To Do Business in Florida 05/08/200

5. FEI Number

59-3636659

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

Erica Williams

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

23070 Skyview Cr.

Suite, Apt. #, Etc.

City

Brooksville

State

FL

Zip Code

34602

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

Erica Williams

Date

3/30/04

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	Jayne L Williams	23070 Skyview Cr.	Brooksville, FL 34602
VP	Erica D Williams	23070 Skyview Cr.	Brooksville, FL 34602

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:

Erica Williams

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

2/1/04

Daytime Phone #

813
244-1427

CR2E081 (01/04)

Terrascares Inc.
23070 Skyview Cr.
Brooksville, FL 34602

February 1, 2004

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

To Whom It May Concern:

The post office box that was listed as our mailing address was closed last year. It must have been because of this reason that we did not receive our annual report documentation. It wasn't until I looked at our records at www.sunbiz.org that I realized that our annual report had not been filed and that we had been administratively dissolved. Please use the reinstatement enclosed to changed our mailing address to the current one. Please contact me at (813) 244-1427 with any questions or concerns.

Thank you,



Erica Williams