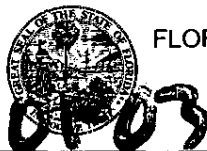


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

03 APR 15 PM 1:34

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P00000056049

1. Corporation Name

AMOR LAWN CARE INC
145 HENUE CT
DAVENPORT, FL 33837

2. Principal Office Address

145 HENUE CT

Suite, Apt. #, etc.

City & State

DAVENPORT, FL

Zip

33837

Country

USA

3. Mailing Office Address

145 HENUE CT

Suite, Apt. #, etc.

City & State

DAVENPORT, FL

Zip

33837

Country

USA

4. Date Incorporated or Qualified

To Do Business in Florida 06/01/2000

5. FEI Number

59-3651694

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

A J AMOR

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

145 HENUE CT

Suite, Apt. #, Etc.

City

DAVENPORT

State

FL

Zip Code

33837

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

Alfred J Amor

Date 4/9/03

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	A. J. AMOR	145 HENUE CT	DAVENPORT, FL 33837
S/T	JENNIFER AMOR	145 HENUE CT	DAVENPORT, FL 33837

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:

Alfred J Amor
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/9/03 863-557-0094
Date Daytime Phone #

CR2E081 (10/02)

9/4/15

*AMOR LAWN CARE INC
145 HENUE CT
DAVENPORT, FL 33837*

APRIL 9, 2003

DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
PO BOX 6327
TALLAHASSEE, FL 32314

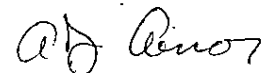
PLEASE FIND THE APPLICATION FOR REINSTATEMENT OF AMOR LAW CARE, INC. I DID NOT RECEIVE ANY NOTICES FOR THE LAST 3 YEARS.

I AM ENCLOSING A CHECK FOR 450.00 AS INSTRUCTED BY YOUR STAFF.

THANK YOU FOR YOUR HELP IN THIS MATTER.

SINCERELY,

AMOR LAWN SERVICE, INC



A.J. AMOR
PRESIDENT
Cell 863 557 0094