

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

02-03 UBR

FILED
OCT 15 PM 3:24
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # PO1000015379

1. Corporation Name

ALDERMAN LAND CLEARING & DEVELOPMENT, INC

2. Principal Office Address

281 SOUTH BRIDGE STREET

3. Mailing Office Address

P O BOX 404

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

LA BELLE, FL

City & State

LA BELLE, FL

Zip

33935

Country

USA

Zip

33975

Country

USA

4. Date Incorporated or Qualified
To Do Business in Florida

2/8/2001

5. FEI Number

65-1150398

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED

\$8.75 Additional Fee required
for a Certificate of Status

9/17/02 90053 012 150.00

7. Name and Address of Current Registered Agent

Name

JENNIFER ALDERMAN

Street Address (P.O. Box Number is Not Acceptable)
281 S BRIDGE ST

~~100023002271~~
10/15/03--01016--006 **150.00

Suite, Apt. #, Etc.

City

LA BELLE

State

FL

Zip Code

33935

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

[Handwritten Signature]

REGISTERED AGENT MUST SIGN

Date

10/09/03

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	DALE J ALDERMAN	281 S BRIDGE ST	LA BELLE FL 33935
VP	JENNIFER ALDERMAN	281 S BRIDGE ST	LA BELLE FL 33935

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:

[Handwritten Signature]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

10/09/03

Daytime Phone #

803-675-7716

HIGGINBOTHAM & COMPANY
Certified Public Accountants

October 9, 2003

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

RE: Alderman Land Clearing and Development Inc

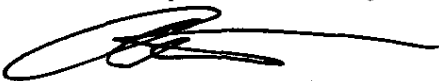
Dear Sir or Madam:

Please find the reinstatement application with the related 2003 filing fee enclosed. The corporation had filed the 2002 form with the related filing fee. The form was not processed due to additional information that was required. The filing fee of \$150.00 was retained by the Department of State. During this time the ownership of the corporation was being transferred and the request for additional information was not received.

At this time we are requesting that the penalties associated with this reinstatement be waived and the form filed with the State.

Please contact me at 863-675-3903 if any additional information is required.

Very Truly Yours,



Andrew J. Higginbotham, CPA

AJH/cap