

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

03 DEC -8 PM 4:58

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P02000090148

1. Corporation Name

One Call Cures All, Inc.

2. Principal Office Address

1560 Tropic Park Drive

Suite, Apt. #, etc.

3. Mailing Office Address

PO Box 951312

Suite, Apt. #, etc.

City & State

Sanford, FL

City & State

Lake Mary, FL

Zip

32733

Country

USA

Zip

32795-1312

Country

USA

4. Date Incorporated or Qualified
To Do Business in Florida

020819

5. FEI Number

90-0048752

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

Laura Jane Roquemore

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

(1727 Kimmie Kay Drive, Sanford 32732)

Suite, Apt. #, Etc.

City

Lake Mary

State

FL

Zip Code

32795

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

Laura Jane Roquemore
REGISTERED AGENT MUST SIGN

Date

12-5-03

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/T/D	Laura Jane Roquemore	PO Box 951312 (1727 Kimmie Kay Drive)	Lake Mary, FL 32795
V/S/D	David W. Roquemore III	PO Box 951312 (1727 Kimmie Kay Drive)	Lake Mary, FL 32795

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REINSTATEMENT 12/10/03--01049--003 **150.00
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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

Laura Jane Roquemore
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

12-5-03

Daytime Phone #

407-448-9750

CR2E081 (10/02)

ONE CALL CURES ALL, INC.

Tree & Landscape Design Specialists

P.O. Box 951312

Lake Mary, FL 32795-1312

Phone: 407-330-9810; Fax: 407-330-7707

**Department of State
Division of Corporations
PO Box 6327
Tallahassee, FL 32314**

December 5, 2003

Re: Reinstatement of Corporation Document # P02000090148

To Whom It May Concern:

Today we were advised that our fee would be \$150.00 to reinstate our corporation in good standing with the Division of Corporations due to our mail from the DOC having been returned to you.

Your help concerning this matter has been greatly appreciated.

Thank you,

**Laura Jane Roquemore, President
One Call Cures All, Inc.**