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TALLAHASSEE, FLA

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

<b>CORPORATION REINSTATEMENT</b>  <b>FLORIDA DEPARTMENT OF STATE</b> Secretary of State DIVISION OF CORPORATIONS	
<b>DOCUMENT # P03000155990</b> 1. Corporation Name <b>Beeten Landscaping &amp; Bobcat Service, Inc.</b>	
2. Principal Office Address <b>690 Zebrina Senda</b> <small>Suite, Apt. #, etc.</small>	3. Mailing Office Address <b>PO Box 1707</b> <small>Suite, Apt. #, etc.</small>
City & State <b>Jensen Beach, FL</b> Zip <b>34957</b>	City & State <b>Jensen Beach, FL</b> Zip <b>34958</b>
4. Date Incorporated or Qualified To Do Business in Florida <b>12/22/03</b>	
5. FEI Number <b>20-0523067</b>	
6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> <b>\$8.75 Additional Fee required for a Certificate of Status</b>	

Name **John Beeten** P.S. My correct name is **Jonathan Beeten** and not John Beeten

Street Address (P.O. Box Number is not acceptable)  
**690 Zebrina Senda**

City  
**Jensen Beach, FL**

State  
**FL**

Zip  
**34957**

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 *Jonathan Beeten* Date **5/3/06**  
 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	John Beeten	690 Zebrina Senda	Jensen Beach, FL

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 contained in Chapter 119, F.S. The information provided on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.

SIGNATURE: *Jonathan Beeten* **5/3/06** **B. Mitchell** JUN 30 2006  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

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May 1<sup>st</sup>, 2006

Florida Department of State  
Division of Corporations  
PO Box 1500  
Tallahassee, FL 32302-1500

RE: Beeten Landscaping & Bobcat Service, Inc.  
Doc #: P03000155990

Dear Sir or Madam:

Enclosed you will find a copy of my Corporate Reinstatement form for Beeten Landscaping & Bobcat Service, Inc. I am the Sole owner and officer of this corporation and to my knowledge I have never received any forms from the state concerning my annual report. I was unaware that I had missed this annual report filing until it was brought to my attention at when I was completing my workers comp exempt forms. This I can assure you happened only because I never received the forms. In addition I will assure you that it will not happen again. I have no desire to avoid this fee; I simply did not receive the form to file. I would request in light of the fact that I never received my forms and the fact that this was the first time I was to file these forms; I would request that you abate my penalty and accept my check in the amount of \$450.00 for the 2004, 2005 & 2006 reports, and reinstate my corporation at your earliest convenience. I thank you in advance for your cooperation.

Sincerely,

John Beeten

A handwritten signature in black ink that reads "John Beeten". The signature is written in a cursive, flowing style.