PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

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| | | | ALL MOT | ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,, | ONO DEI ON | | TING THIS FORM | 11. | |
|---|---------------------------|------------------|---|---|------------------------|---------------------------------------|--|--|--|
| CORPORATION REINSTATEMENT | | | FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS | | | rE | FILED | | |
| | | | | | | | 12 APR 18 AM 9:01 | | |
| DOCUMENT # P03000158357 1. Corporation Name | | | | | | | SECRETARY OF STATE TALLAHASSEE, FLORIDA | | |
| Smackdown Lawn & Landscape, Inc. | | | | | | 1 | į | | |
| • • | | | | | | | 400229055494 04/18/1201013008 **1050.00 | | |
| Principal Office Address - No P.O. Box # 3. Mailing Office Address | | | | | | 04 | | | |
| 102 Dor | | | 3. Mailing Office Address 102 Dorothy Loop | | | | | | |
| Suite, Apt. #, etc. | | | Suite, Apt. #, etc. | | | <u> </u> | . CR2E081 (11/10) | | |
| | <u></u> | <u> </u> | | | | 4. Date Inc. To Do B | Date Incorporated or Qualified To Do Business in Florida 12-18-2003 | | |
| Crawfordville, FL | | | Crawfordville, FL | | | 5. FEI Nun 52-2403 | ber | Applied For | |
| Zip | | Country JSA | Zip | | Country | 6 | SCATE OF STATUS DESIRED \$8.75 Additional Fee required | | |
| 32327 | | | | | USA | OEKIII I | for a Certificate of Status | | |
| 7. Name and Address of Current Registered Agent Name Chaphan D. Swain | | | | | | | | 4 | |
| Street Address (P.O. Box Number is Not Acceptable) | | | | | | | | | |
| 102 Darothy Loop | | | | | | | | | |
| Suite, Apt. #. Etc. | | | | | | to the same | The production of the second s | | |
| Crawfordville | | | | | State Zip Code | a p dissolve gradie | The state of the s | Andrew Commence of the Commenc | |
| 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 | | | | | | | Date 4//3//2- | | |
| | | | GISTERED AGE | | | | | `` | |
| Names and Street Addresses of Each Officer and/or Director (Florida nonprofit Titles Name of | | | | | Street Address of Each | | | | |
| | Officers and/or Directors | | | | Officer and/or Dir | | | ate / Zip | |
| P, D S | Stephen D. Swain | | | 102 Dorothy Loop | | op | Crawfordville | e, FL 32327 | |
| | DETATO | | | | | | | | |
| REINSTATEMENT | | | | | | | | | |
| | | | | | | · · · · · · · · · · · · · · · · · · · | | | |
| | | | | | | <u> </u> | 'AFR 18 2012 | | |
| | | | | | | | R HUNT | | |
| 10. E-mail Address: Snackatour 405 Quality Con | | | | | | | | | |
| 11. 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., and that all fees | | | | | | | | | |
| owed by the corporation have been paid. I further certify, the information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath. I am aware that false information admitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S. | | | | | | | | | |
| SIGNATURE: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING/OFFICER OR DIRECTOR Date Daytime Phone # | | | | | | | | | |
| | | GIGHA TOTAL AITO | | - APPLE OF | COMMON PIOCE OF DE | | Date , | Natura Littie & | |