2004 FOR PROFIT CORPORATION REINSTATEMENT

		1/1-11/6	JIAI	EIAI EIA I						
1. Entity Nam	ne	# P04000		22				FILE		
							04	4 NOV -4	AM 11: 41	
Principal Plac 316 CALIFOR ST. CLOUD, F	rnia ave.	s US	;	Mailing Address 316 CALIFORNIA AVE. ST. CLOUD, FL 34769	US		SI TA	ECRETARY O LLAHASSEE	F STATE , FLORIDA	
2. Principal P	Place of Busin	ness	3.	Mailing Address						
Suite, Apt.	#, etc.			Suite, Apt. #, etc.			10202004	REIN-P	CR2E098 (6/04)
City & Stat	te			City & State			4. FEI Numbe	546206	 	Applied For Not Applicable
Zip		Country		Zip	Coun	itry	5. Certificate	of Status Desired	□ \$8.75 A	
6. Name and Address of Current Registered Agent						Name -	7. Name and	Address of New R	egistered Agent	
WILKES, M 316 CALIF ST. CLOU	ORNIA A	√E.	•	The second se	-		P.O. Box Numbe	er is Not Acceptable	:)	
						City			FL Zip Co	de
8. The above the obligat	named entit	y submits this state lered agent.	ment for the	purpose of changing its	register	I ed office or register	red agent, or bot	h, in the State of Flo		n, and accept
SIGNATURE_	Matt.	dr printed name of registe	red agent and title	President	E: Register	ed Agent signature requi	red when reinstating	11	101/04	
		FEE IS \$150.00 05, Fee will be	\$300.00					In accordance w	vith s. 607.193(2)(b) not receive the prior	, F.S., the notice.
10.		OFFICER	S AND DIRE	CTORS	11.		ADDITIONS/	CHANGES TO OFFI	ICERS AND DIRECTO	RS IN 11
TITLE NAME STREET ADDRESS CITY-ST-ZIP	316 CALIF	MATTHEW FORNIA AVE. JD, FL 34769		☐ Delete					☐ Change	☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP				☐ Delete					☐ Change	☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP				Delete		E ET ADDRESS			Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP				☐ Delete	TITLE NAM STRE				Change	☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP				☐ Delete			1.		☐ Change	☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP				☐ Delete	CITY	E ET ADDRESS -ST-ZIP			☐ Change	☐ Addition
indicated of the cor	on this repoi poration or th	rt or supplemental r ne receiver or truste	eport is true e empowere	filing does not qualify for and accurate and that m d to execute this report Il other like empowered.	nv sianal	ture shall have the :	same legal effec	t as if made under o	eath: that I am an office	er or director . I
SIGNAT	URE: _	SIGNATURE AND TY	PED OR PRINTE	D NAME OF SIGNING OFFICER	OR DIRECT	TOR	1)	101/04 Date	407-892- Daytime Phone #	496

MATT WILL 316 CALIFORS	KES LAWNCARE/LANDSC., INC.	24086051	685	
ST. CLOUD, F	L 34769	9-17-04 DATE	83-1079/831 88-40-01	
PAY TO THE ORDER OF	Florida Department O	F STATE 1 \$	50.00	
One	Hundred FIFTY +'	70/,cc	uns 🗓 🚟	
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	nc Bank			
	Fioriog	Moustwille	<u>ه</u>	

685

09/24/04

\$150.00

ACCOUNTANT

2013 Live Oak Blvd. Ste. A St. Cloud, FL 34771 (407)892-1002 (407)892-3Fax rddacct@earthlink.net

01 Nov. 04

Client: MATT WILKES LANDSCAPING, INC.

Subject: REINSTATEMENT

Dear Sir or Madam:

Our client, Matt Wilkes Landscaping, Inc. received a letter stating that his corporation was going to be dissolved. He thought it was taken care of, being that he had already mailed in his renewal form with a check for \$150.00 made payable to the Florida Department of State. We have enclosed a copy of his cancelled check, and had him sign a renewal form in hopes this can take care of this matter so his corporation may be reinstated.

Thank you for your cooperation on this matter, and if I can be of any further assistance please feel free to contact me.

Very truly yours

Richard D. Danley

Enclosures: renewal form, copy of check _