

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

09 OCT 30 PM 4:15.

DOCUMENT # P04000021286

1. Corporation Name

Edd Wickes Landclearing Inc.

2. Principal Office Address - No P.O. Box #

1537 NE Texaco Place

Suite, Apt. #, etc.

3. Mailing Office Address

1537 NE Texaco Place

Suite, Apt. #, etc.

City & State

Jensen Beach, FL

City & State

Jensen Beach, FL

Zip

Country

34957 USA

Zip

Country

34957 USA

7. Name and Address of Current Registered Agent

Name

CHARLES E. WICKES JR.

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

1537 NE TEXACO PLACE

Suite, Apt. #, Etc.

City

JENSEN BEACH

State

FL

Zip Code

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

Charles E. Wickes Jr.

REGISTERED AGENT MUST SIGN

Date

10/20/09

9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

| Titles | Name of<br>Officers and/or Directors | Street Address of Each<br>Officer and/or Director | City / State / Zip        |
|--------|--------------------------------------|---|---------------------------|
| P      | Charles E. Wickes Jr.                | 1537 NE Texaco Place                              | Jensen Beach, FL<br>34957 |
|        |                                      |   |                           |
|        |                                      |   |                           |
|        |                                      |   |                           |
|        |                                      |   |                           |
|        |                                      |   |                           |
|        |                                      |   |                           |

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 indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.

SIGNATURE:

Charles E. Wickes Jr.

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

10/20/09 (772) 201-5635

Daytime Phone #

600162352636  
10/30/09--01044--002 \*\*750.00 KS  
REINSTATEMENT 08-09

4. Date Incorporated or Qualified  
To Do Business in Florida

January 28, 2004

5. FEI Number

65-0069102

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required  
for a Certificate of Status

☒ The reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the reinstatement fee be waived.