


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT		FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS
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FILED
07 JAN -2 AM 8:51
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P-04000045387
1. Corporation Name
NORTHEAST FLORIDA LAWN MAINTENANCE INC

2. Principal Office Address 789 BAHIA DRIVE		3. Mailing Office Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State ST AUGUSTINE, FLORIDA		City & State	
Zip 32086	Country ST JOHNS	Zip	Country

REINSTATEMENT 05-07
CR2E081 (12/05)

4. Date Incorporated or Qualified To Do Business in Florida 03/12/2004	
5. FEI Number 20-0855713	<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$8.75 Additional Fee required for a Certificate of Status	

7. Name and Address of Current Registered Agent		
Name JOSEPH MCCLURE		
Street Address (P.O. Box Number is Not Acceptable) 940 ALCALA DRIVE		
Suite, Apt. #, Etc.		
City ST AUGUSTINE	State FL	Zip Code 32086

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 Joseph McClure **REGISTERED AGENT MUST SIGN** **Date** _____

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
PRES	LANCE MCCLURE	789 BAHIA DRIVE	ST AUGUSTINE, FL 32086

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: Lance McClure **SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR** **Date** 12-13-06 **Daytime Phone #** 904-669-6193