PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM. Page 1 of 3

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
06 JAN 27 AM 11:42
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P04000103446

1. Corporation Name
James E. Kneece Lawn Service, Inc.

300062479823
02/10/06--01050--025 **150.00
CR2E081 (8/05)

2. Principal Office Address	3. Mailing Office Address
2813 Jacob Ave	2813 Jacob Ave
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Atlantic Bch FL	City & State: Atlantic Bch FL
Zip: 32233 Country: US	Zip: 32233 Country: US

4. Date Incorporated or Qualified To Do Business In Florida: July 12, 2004

5. FEI Number: 201351047 ☐ Applied For ☐ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐ $8.75 Additional Fee required for a Certificate of Status

7. Name and Address of Current Registered Agent

Name: James E Kneece

300062479823
12/29/05--01057--004 **150.00

Street Address (P.O. Box Number is Not Acceptable): 2813 Jacob Ave

Suite, Apt. #, Etc.:

City: Atlantic Bch | State: FL | Zip Code: 32233

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: 12/8/05
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
Mr.	James E Kneece	2813 Jacob Ave	Atlantic Beach FL 32233

2/27/06
REINSTATEMENT 05-06

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 under section 119.07(3)(i), 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: _____ Date: 12/8/05 Daytime Phone #: 904/294-6753
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR