


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT		 FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS		<p>FILED</p> <p>06 OCT 26 AM 9:18</p> <p>STATE TALLAHASSEE, FLORIDA</p>																													
<p>DOCUMENT # P04000118580</p> <p>1. Corporation Name EXTREME LAWN CARE & LANDSCAPING, INC</p>																																	
<p>2. Principal Office Address 1430 SE 8TH ST Suite, Apt. #, etc.</p>		<p>3. Mailing Office Address 1430 SE 8TH ST Suite, Apt. #, etc.</p>		<p>REINSTATEMENT 0506 CR2E081 (12/05)</p>																													
<p>City & State OCALA FL</p>		<p>City & State OCALA FL</p>		<p>4. Date Incorporated or Qualified To Do Business in Florida 8-16-04</p>																													
<p>Zip 34471 Country USA</p>		<p>Zip 34471 Country USA</p>		<p>5. FEI Number 20-1509932 Applied For Not Applicable</p>																													
<p>6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$8.75 Additional Fee required for a Certificate of Status</p>																																	
<p>7. Name and Address of Current Registered Agent</p> <p>Name ROBERT KENDRICK</p> <p>Street Address (P.O. Box Number is Not Acceptable) 1430 SE 8TH ST</p> <p>Suite, Apt. #, Etc.</p> <p>City Ocala State FL Zip Code 34471</p>																																	
<p>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.</p> <p>Signature of Registered Agent <i>[Signature]</i> Date 10/17/06</p> <p style="text-align: center;">REGISTERED AGENT MUST SIGN</p>																																	
<p>9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th>Titles</th> <th>Name of Officers and/or Directors</th> <th>Street Address of Each Officer and/or Director</th> <th>City / State / Zip</th> </tr> </thead> <tbody> <tr> <td>P</td> <td>ROBERT KENDRICK</td> <td>1430 SE 8th ST</td> <td>OCALA, FL 34471</td> </tr> <tr><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td></tr> </tbody> </table>						Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip	P	ROBERT KENDRICK	1430 SE 8th ST	OCALA, FL 34471																				
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<p>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.</p> <p>SIGNATURE: <i>[Signature]</i> Date 10/23/06 Daytime Phone # (352) 816-3282</p> <p style="text-align: center;">SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</p>																																	

352-816-3282