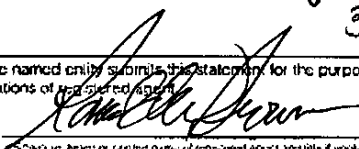
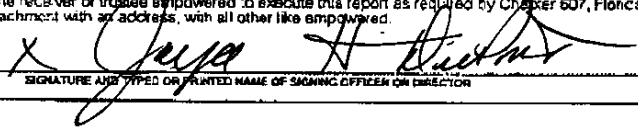


2005 FOR PROFIT CORPORATION REINSTATEMENT

FILED

2005 OCT 14 AM 10:58

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P04000118582					
1. Entity Name DUPONT LAND CLEARING, INC.					
Principal Place of Business 9895 COUNTY RD. 13 SOUTH HASTINGS, FL 32145			Mailing Address 9895 COUNTY RD. 13 SOUTH HASTINGS, FL 32145		
2. Principal Place of Business			3. Mailing Address P.O. Box 847		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State Hastings FL		
Zip		Country		Zip 32145	
				Country	
4. FEI Number 51-0520086				Applied For Not Applicable	
5. Certificate of Status Desired ☐				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
BROWN, RONALD W 9895 COUNTY RD. 13 SOUTH HASTINGS, FL 32145				Name	
93 Orange St St. Augustine, Fl. 32084				Street Address (P.O. Box Number is Not Acceptable)	
				City	
				FL	
				Zip Code	
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of the registered agent.					
SIGNATURE:  DATE: 10/10/05					
(NOTE: Registered Agent signature required when reinstating)					
FILE NOW!! FEE IS \$150.00 After January 1, 2006, Fee will be \$300.00			In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	D	☐ Delete	TITLE	☐ Change	☐ Addition
NAME	DUPONT, C.E.		NAME		
STREET ADDRESS	P.O. BOX 847		STREET ADDRESS		
CITY- ST- ZIP	HASTINGS, FL 32145		CITY- ST- ZIP		
TITLE	D	☐ Delete	TITLE	☐ Change	☐ Addition
NAME	DUPONT, JOYCE		NAME		
STREET ADDRESS	P.O. BOX 847		STREET ADDRESS		
CITY- ST- ZIP	HASTINGS, FL 32145		CITY- ST- ZIP		
TITLE	VP	☐ Delete	TITLE	☐ Change	☐ Addition
NAME	MAHR, SPENCER K		NAME		
STREET ADDRESS	9895 COUNTY RD. 13 SOUTH		STREET ADDRESS		
CITY- ST- ZIP	HASTINGS, FL 32145		CITY- ST- ZIP		
TITLE	T	☐ Delete	TITLE	☐ Change	☐ Addition
NAME	TENNEY, KEVIN		NAME		
STREET ADDRESS	9895 COUNTY RD. 13 SOUTH		STREET ADDRESS		
CITY- ST- ZIP	HASTINGS, FL 32145		CITY- ST- ZIP		
TITLE		☐ Delete	TITLE	☐ Change	☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY- ST- ZIP			CITY- ST- ZIP		
TITLE		☐ Delete	TITLE	☐ Change	☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY- ST- ZIP			CITY- ST- ZIP		
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.					
SIGNATURE: 					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					
Date					
Daytime Phone #					

10/19/05