

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

07 SEP 27 PM 3: 53

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P05000054742

1. Corporation Name

T-N-T'S DYNAMITE LAWN CARE, PRESSURE CLEANING AND BOBCAT SERVICES INC.

REINSTATEMENT 06-07 per

CR2E081 (1/07)

2. Principal Office Address - No P.O. Box #
416 NW 2ND WAY

3. Mailing Office Address
416 NW 2ND WAY

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State
DEERFIELD BCH, FL

City & State
DEERFIELD BCH, FL

Zip Country
33441 USA

Zip Country
33441 USA

4. Date Incorporated or Qualified To Do Business in Florida 04/13/2005

5. FEI Number 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
Corporate Creations Network Inc.

Street Address (P.O. Box Number is Not Acceptable)
11380 PROSPERITY FARMS ROAD

Suite, Apt. #, etc.
#221 E

City
Palm Beach Gardens

State Zip Code
FL 33410

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.

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 [Signature] Yulia Ogurchikova Asst. Secretary
REGISTERED AGENT MUST SIGN

Date 9/26/2007

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
D	TRAVIS GAMMAGE	416 NW 2ND WAY	DEERFIELD BCH, FL 33441

400110255134
10/04/07--01016--013 **300.00

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: [Signature] TRAVIS GAMMAGE, By V.Hawk as atty-in-fact 9/26/2007 561-694-8107
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #