2007 FOR PROFIT CORPORATION REINSTATEMENT

FILED
07 MAY 25 PM 1:12
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P05000062899

1. Entity Name
DAVID'S LAND CLEARING INC

Principal Place of Business	Mailing Address
3501 OAK TREE LANE PACE, FL 32571	3501 OAK TREE LANE PACE, FL 32571

REINSTATEMENT
05182007 REIN-P CR2E098 (1/07) 06-07

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
3501 Oak Tree Lane	Same
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Pace, FL	City & State
Zip: 32571 Country: Santa Rosa	Zip / Country

4. FEI Number: 20-2756153 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☒ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

LANSDON, DAVID L
3501 OAK TREE LANE
PACE, FL 32571

7. Name and Address of New Registered Agent

Name
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 registered agent.

SIGNATURE ____________________
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $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 / NAME / STREET ADDRESS / CITY-ST-ZIP	P LANSDON, DAVID L 3501 OAK TREE LANE PACE, FL 32571	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	V Carolyn S. Lansdon 3501 Oak Tree Lane Pace, FL 32571	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	T LANSDON, DAVID L 3501 OAK TREE LANE PACE, FL 32571	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	$76/5	☐ Change ☐ Addition
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TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: Carolyn S Lansdon Carolyn S. Lansdon 5/18/07 850-995-0846 Hm 850-554-6437 Cell
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #