PLEASE READ A	ALL INSTRUCTIONS	BEFORE C	OMPLETING THIS FORM	
APPLICATION FOR BEING A CAMERIN	FLORIDA DE ARIN E Santa do S Secretary of S DIVISION OF CORPO	State	APPROVED AND FILED	
DOCUMENT # P 94 0000 25 150			1998 MAR 23 AN 9: 06	
1. Corporation Name			SECRETARY OF STATE TALLAHASSEE, FLORIDA	
John's Lawn Enforcement				
Principal Place of Business Mailing Address				
4630 Peppertree St.				
Cocoa, Fl 32926				
If above addresses are incorrect in any way, line thro	ugh incorrect information and enter			
2. New Principal Office Address, If Applicable	3. New Mailing Office Address, If	Applicable	(4) Date Incorporated or Qualified To Do Business in Florida 3 - 28 - 94	
Suite, Apt. #, etc.	Suite, Apt. #, etc.		5. FEI Number	Applied For
Zip Country	Zip Countr	·}	6. S8.75	Not Applicable Additional Fee required
7. Names and Street Addresses of Each Officer and/o		<u></u>		a Certificate of Status
Name of Officers Title(s) and/or Directors	Str	eet Address of Each	City / State	
1 2	3 (Do NOT Us	se Post Office Box Nu	umbers) 4	
1 John Camer	00 4630	<i>Repperdre</i>		F1 32926
VP William E. Ca.	meron 4630	Pepperti	ree St. Cocoa	F1 32926
		77	4000024668	304 6
			-03/24/9301	087003
			****315.00	****315.00
	·			ara ha
				3/20/10
8. Name and Address of Current R	egistered Agent		9. Name and Address of New Registered Ag	
WILLIAM E. CAMERON				(1/36)
4630 PEPPERTREEST.			O. Box Number is Not Acceptable)	CR2E040 (1/98)
(OCOB FL 32926		Suite, Apt. #, Etc.		
10. I, being appointed the registered agent of the above named corporation, am familiar with		City	FL	Zip Code
Signature of Registered Agent William E	a hamed corporation, and lamillar with	in and accept the obli	Date 3- /6-9	•
Registered Agent William REG	SISTERED AGENT MUST SIGN		Date	
This corporation owes or has paid the current year Intangible Personal Property tax due June 30. Yes No U (See other side for information on intangible tax.)				
12. 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: SIGNATURE AND TYPED OR PRINT	TED NAME OF SIGNING OFFICER OR D	RECTOR	3-16-98 (407) 6	39-508/ ne Phone #

March 20, 1998

Department of State Division of Corporations P. O. Box 6327 Tallahassee, FL 32314

Attention: Reinstatement

Per our telephone conversation this week, I am requesting that John's Lawn Enforcement be reinstated as a corporation.

We did not receive a billing statement because it was not sent to this address. We are enclosing the amount that you stated on the phone that was due, \$165.00 plus \$150.00 for a total of \$315.00.

Thank you.

John's Lawn Enforcement 4630 Peppertree St. Cocoa, FL 32926