

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

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APPLICATION FOR REINSTATEMENT
 FLORIDA DEPARTMENT OF STATE
 Secretary of State
 DIVISION OF CORPORATIONS



97-98AR

APPROVED AND FILED

1998 MAR 23 AM 9:06
 SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

DOCUMENT # P 94 0000 25 150
 1. Corporation Name
 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 through incorrect information and enter correction below.

2. New Principal Office Address, if Applicable
 Suite, Apt. #, etc.
 City & State
 Zip Country

3. New Mailing Office Address, if Applicable
 Suite, Apt. #, etc.
 City & State
 Zip Country

4. Date Incorporated or Qualified To Do Business in Florida
 3-28-94

5. FEI Number
 59-8247199

6. CERTIFICATE OF STATUS DESIRED \$8.75 Additional Fee required for a Certificate of Status

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Title(s)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	City / State / Zip
P	John Cameron	4630 Peppertree St.	Cocoa, FL 32926
VP	William E. Cameron	4630 Peppertree St.	Cocoa, FL 32926
			400002466884--6 -03/24/98--01087--003 ****315.00 ****315.00

8. Name and Address of Current Registered Agent
 WILLIAM E. CAMERON
 4630 PEPPERTREE ST.
 COCOA FL 32926

9. Name and Address of New Registered Agent
 Name
 Street Address (P.O. Box Number is Not Acceptable)
 Suite, Apt. #, Etc.
 City State Zip Code
 FL

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.
 Signature of Registered Agent: *William E. Cameron* REGISTERED AGENT MUST SIGN Date: 3-16-98

11. This corporation owes or has paid the current year Intangible Personal Property tax due June 30. Yes No (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: *William E. Cameron* SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date: 3-16-98 (407) 639-5081 Daytime Phone #

CR2E040 (1/98)

②

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