

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # P96000068432			
1. Corporation Name ED RYCKMAN, INC.			
Principal Place of Business 339 NW BAYONET PLACE JENSEN BEACH FL 34957 US		Mailing Address 339 NW BAYONET PLACE JENSEN BEACH FL 34957 US	
If above addresses are incorrect in any way, line through incorrect information and enter correction below.			
2. New Principal Office Address, If Applicable 1378 SE HUFFMAN ROAD Suite, Apt. #, etc. PORT ST LUCIE, FL City & State 34952 ST Lucie Zip Country		3. New Mailing Office Address, If Applicable 1378 SE HUFFMAN ROAD Suite, Apt. #, etc. PORT ST LUCIE, FL City & State 34952 ST Lucie Zip Country	
4. Date Incorporated or Qualified To Do Business in Florida 08/12/1996		5. FEI Number 65-0679564	
6. <input type="checkbox"/> CERTIFICATE OF STATUS DESIRED		<input type="checkbox"/> \$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	City / State / Zip
D	RYCKMAN, EDWARD	339 NW BAYONET PLACE	JENSEN BEACH FL 34957
D	RYCKMAN, KIM	339 NW BAYONET PLACE	JENSEN BEACH FL 34957
800004674738--4 -11/13/01--01004--019 ****150.00 ****150.00 DUPLICATE			
8. Name and Address of Current Registered Agent RYCKMAN, EDWARD 339 NW BAYONET PLACE JENSEN BEACH FL 34957		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: <i>Edward Ryckman</i> Date: 10-22-01 REGISTERED AGENT MUST SIGN			
11. 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)(f), 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: <i>Jim Ryckman</i> Date: 10-22-01 561-337-9148 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			

FILED

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



CR2E040 (8/01)

*Ed Ryckman Inc*

Irrigation.....Landscaping.....Excavating.....Maintenance  
1378 SE Huffman Road  
Port St Lucie, Fla 34952  
(561)337-9140  
Fax (561)337-9387

Licensed

Insured

October 22, 2001

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

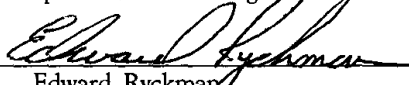
Dear State Official,

I received cancellation letter of Inc business, However this was the only document I received prior to cancellation . After reviewing I noticed that the documents were being mailed to the incorrect address.

Please accept my apology . I am enclosing a check in the amount of \$150.00 for my 2001 corporation . It would be greatly appreciated if you would Please waive late fees due .

Thank You for your time & your corporation in resolving this matter.

With all good wishes I remain;

  
Edward Ryckman  
President