PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

13 FEB 11 AM 12:00

SECRETARY OF STATE
TALLAHASSEE FLORIDA

DOCUMENT # P97000040004

1. Corporation Name
JMB SPEEDY LANDSCAPE PATHOLOGY SERVICES, INC.

REINSTATEMENT 09-13

CR2E081 (11/10)

2. Principal Office Address - No P.O. Box #	3. Mailing Office Address
3709 W. HAMILTON	3709 W. HAMILTON
Suite, Apt. #, etc. SUITE 2	Suite, Apt. #, etc. 2
City & State TAMPA FL.	City & State TAMPA FL.
Zip 33614 County HILLS.	Zip 33614 Country HILLS.

4. Date Incorporated or Qualified To Do Business in Florida 5/1/97

5. FEI Number 59-3422973 — 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: E.R. BARTH

Street Address (P.O. Box Number is Not Acceptable): 15704 SQUIRREL TREE PL.

Suite, Apt. #, etc.:

City: TAMPA State: FL Zip Code: 33624

600244597156
02/11/13--01022--001 **1000.00

600244597156
02/11/13--01022--002 **350.00

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: E.R. Barth — Date: 2/7/2013

REGISTERED AGENT MUST SIGN

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
PR	JOANNE M. BARTH	15704 SQUIRREL TREE PLACE	TAMPA FL 33624
VP	E. RICHARD BARTH	15704 SQUIRREL TREE PLACE	TAMPA FL. 33624

10. E-mail Address: JMBSCPI@AOL.COM
(To be used for future annual report notification)

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., and that all fees owed by the corporation have been paid. I further certify, the information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

SIGNATURE: E. Richard Barth — 2/7/13 — 813-930-0197

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

FEB 11 2013

A. DUNLAP