

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED

01 FEB -8 AM 9:02

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 98000014486

1. Corporation Name

JS Lawn Care, Inc.

2. Principal Office Address

344 S. Moon Drive

Suite, Apt. #, etc.

City & State

Venice FL

Zip

34292

Country

USA

3. Mailing Office Address

344 S. Moon Drive

Suite, Apt. #, etc.

City & State

Venice FL

Zip

34292

Country

USA

REINSTATEMENT 00-01

4. Date Incorporated or Qualified To Do Business in Florida

1997

SP

5. FEI Number

650810350

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

John Sailer Jr.

Street Address (P.O. Box Number is Not Acceptable)

344 S. Moon Drive

Suite, Apt. #, Etc.

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****308.75 ****908.75

City

Venice

State

FL

Zip Code

34292

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

[Signature]

REGISTERED AGENT MUST SIGN

Date 2/5/01

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
<u>Pres.</u>	<u>John Sailer Jr.</u>	<u>344 S. Moon Drive</u>	<u>Venice FL 34292</u>
<u>Secy./ Treas.</u>	<u>Victoria Sailer</u>	<u>344 S. Moon Drive</u>	<u>Venice FL 34292</u>

10. 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:

John G. Sailer Jr. [Signature]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/5/01

Date

(941) 716-3729

Daytime Phone #

CR2E081 (9/00)