

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

04 AUG 26 PM 3:42

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P98000014486

1. Corporation Name  
JS LAWN CARE, INC.

*JS*

**REINSTATEMENT 03-04**

2. Principal Office Address 344 S. MOON DRIVE		3. Mailing Office Address 344 S. MOON DRIVE	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State VENICE, FL		City & State VENICE, FL	
Zip 34292	Country U.S.A.	Zip 34292	Country U.S.A.

4. Date Incorporated or Qualified To Do Business in Florida 02/12/1998	
5. FEI Number 65-0810358	Applied For <input type="checkbox"/> Not Applicable
6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$8.75 Additional Fee required for a Certificate of Status	

7. Name and Address of Current Registered Agent		
Name JOHN G. SAILER, JR.		
Street Address (P.O. Box Number is Not Acceptable) 344 S. MOON DRIVE		
Suite, Apt. #, Etc.		
City VENICE	State FL	Zip Code 34292

600040526216  
08/26/04-01035-011 \*\*900.00

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 \_\_\_\_\_ Date \_\_\_\_\_

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
P	JOHN G. SAILER, JR.	344 S. MOON DRIVE	VENICE, FL 34292

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.* John G. Sailer, Jr. 8-23-04 941-716-3729

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

CR2E081 (01/04)