

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

04 APR -6 AM 8:06

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P98000106287

1. Corporation Name

EROSION CONTROL SUPPLY SOURCE, INC.

000029277470
04/09/04--01001--014 **150.00**REINSTATEMENT** 07-04

2. Principal Office Address

PO BOX 241

Suite, Apt. #, etc.

3. Mailing Office Address

PO BOX 241

Suite, Apt. #, etc.

City & State

PALM CITY, FL

Zip

34991

Country

US

City & State

PALM CITY, FL

Zip

34991

Country

US

4. Date Incorporated or Qualified
To Do Business in Florida

12/21/1998

5. FEI Number

65-0893203

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

WILLIAM JACOBSEN

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

4360 SW THISTLE TER.

Suite, Apt. #, Etc.

City

PALM CITY

State

FL

Zip Code

34990

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 02/11/2004

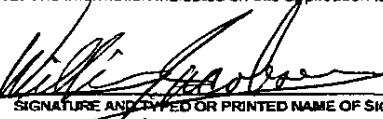
REGISTERED AGENT MUST SIGN

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 Officers and/or Director | City/State/Zip |
|--------|--------------------------------------|--|---------------------|
| PD | WILLIAM JACOBSEN | 4360 SW THISTLE TER. | PALM CITY, FL 34990 |
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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:



WILLIAM JACOBSEN

02/11/2004 772-283-3161

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #