PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

Signature of Registered Agent Situation Street Addresses of Each Officers and/or Directors Street Addresses of Each Officers and/o		T LEAGE READ	ALL INSTRUC	LIONS BEFORE	COMPLETING THIS FORM.
SUNCOAST HARVESTING & HAULING, INC. 2. Principal Office Address 3.42 EASTON COURT Suite, Apt. #, etc. Suite, Apt. #, etc. Suite, Apt. #, etc. City & State LEHIGH ACRES, FL Suite, Apt. #, etc. 2. Principal Office Address Suite, Apt. #, etc. Suite, Apt. #, etc. Suite, Apt. #, etc. 4. Case Incorporated or Constituted To De Business in Floradia O2/22/1999 EARLY Suite LEHIGH ACRES, FL Set Number 5. FL Number 55-0900 344 Applied For 55-0900 344 Applied For 56-0900 344 Applied For 57- Name and Address of Current Registered Agent Name JAMES W. DICKINSON Stere Address (FD. Bost Number is Not Acceptable) 3.42 EASTON COURT Suite, Apt. #, Etc. City LEHIGH ACRES, REGISTERED ACENT MUST SIGN 8. Names and Street Address of Each Officer and/or Director of City / State / Zip Code Registered Agent REGISTERED ACENT MUST SIGN 9. Names and Street Address of Each Officer and/or Director of City / State / Zip Officer and/or Director DICKINSON 342 EASTON COURT LEHIGH ACRES, FL 33972 DIAMES W. DICKINSON 342 EASTON COURT LEHIGH ACRES, FL 33972		REINSTATEMENT Jim Smith Secretary of State			02 DEC 26 PM 5: 14
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Suite, Apt. #, etc. Suite, Apt. #, etc.					400009746224 12/30/0201097011 **1050.00
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LEHIGH ACRES, FL LEHIGH ACRES, FL Zip 33972 Country USA Country US	City & State				Date Incorporated or Qualified To Do Business in Florida 02/22/1999
State Signature of Registered Agent Registered Agent State Agent Signature of Registered Agent Registered Agent Registered Agent State Signature of Registered Agent Registered Agent Registered Agent State Signature of Registered Agent Registered Agent Must sign Name of Officer and/or Director Registered Agent	LEHIGH ACRES, FL		LEHIGH ACRES, FL		65-0900 344
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Suite. Apt. #, Etc. City LEHIGH ACRES, LEHI			ON		
Suite, Apt. #, Etc. City LEHIGH ACRES, Lehing 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 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 Officers and/or Directors Officer and/or Director Date Zip Code FL 33972 Date // 2 2 7 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2	Ţ:	Street Address (P.O. Box Number is No.	t Acceptable)		
LEHIGH ACRES , State 2/p Code 33972 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					
LEHIGH ACRES , State 2/p Code 33972 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		City			·
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 Poate Po		•			
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DIE DIE TON COURT LEHTGH ACRES, FL 33972	P/D J		342		
O ₁ I certify that I am an officer or director or the receiver or trustee amounted to average the	D P	PAMELA DICKINSON	342	EASTON COURT	
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	on this appli	ication is true and accurate, and my sign	ature shall have the same	legal effect as if made under	ne requirements of section 607,0401 or 617,0401, F.S., that all fees a exemption under section 119.07(3)(i), F.S. The information indicated path.

/2/02 (239) 707 - 3606 Date Daytime Phone #

SIGNATURE: W. Dick.

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR