

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

03 FEB 26 PM 2:35

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

900012458869
02/13/03--01032--005 **1200.00

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P990000 24646

1. Corporation Name **NELSON LAND CLEARING CO. Inc.**
119 Ponce de Leon St

2. Principal Office Address
119 Ponce de Leon St

Suite, Apt. #, etc.

City & State
Royal Palm Beach, FL

Zip Country
33411 USA

3. Mailing Office Address
1125 Royal Palm Beach Blvd

Suite, Apt. #, etc.
215

City & State
Royal Palm Beach, FL

Zip Country
33411 USA

REINSTATEMENT 00-03

4. Date Incorporated or Qualified
To Do Business in Florida **3-11-99**

5. FEI Number **65-090-247**
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 **Sue Rancharen**
Street Address (P.O. Box Number is Not Acceptable)
3816 Cypress Lake Drive
Suite, Apt. #, Etc.
City **Lake Worth, FL** Zip **33467** State **FL** Zip Code

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 **Sue Rancharen** Date **2/25/03**
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
Pres	Donald N. Tetreault	119 Ponce de Leon St	KPB FL 33411
Secy	Sherry Tetreault	119 Ponce de Leon St	KPB FL 33411

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 **[Signature]** Date **1-24-2003** Daytime Phone # **561-791-1958**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E081 (10/02)