

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

03 FEB 28 PM 2:35

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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

DOCUMENT # P990000024646

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

33411

Country

USA

3. Mailing Office Address

1126 Royal Palm Beach Blvd

Suite, Apt. #, etc.

#215

City & State

Royal Palm Beach, FL

Zip

33411

Country

USA

REINSTATEMENT 00-03

4. Date Incorporated or Qualified
To Do Business in Florida

3-11-99

5. FEI Number

65-0901247

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 Ramcharan

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

3816 Cypress Lake Drive

Suite, Apt. #, Etc.

City

Lake Worth, FL 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 Ramcharan
REGISTERED AGENT MUST SIGN

Date **2/25/03**

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]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-24-2003

Date

561-791-1958

Daytime Phone #