2009 FOR PROFIT CORPORATION REINSTATEMENT

SIGNATURE:

DOCUMENT # S36627 FILED ENVIRO-SCAPE OF JACKSONVILLE, INC. 09 MAR -5 AM 8: 26 Mailing Address SECRETARY OF STATE Principal Place of Business 6299-9 POWERS AVENUE **60 RIVER ROAD** JACKSONVILLE, FL 32217 ORANGE PARK, FL 32073 US 3. Mailing Address 2. Principal Place of Business - No P.O. Box # ///3 LAKEW300 Suite, Apt. #, etc. LHIELUND B. 1713 Suite, Apt. #, etc. Applied For 4. FEI Number City & State City & State 59-3052287 Not Applicable JARKSMUILLE 32207 \$8.75 Additional 5. Certificate of Status Desired USA \mathfrak{D}^{07} Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name **CURTIS, DICK P** Street Address (P.O. Box Number is Not Acceptable) 1713 LAKEWOOD ROAD JACKSONVILLE, FL 32207 Zip Code 8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. SIGNATURE Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE FILE NOW!!! FEE IS \$900.00 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 11. 10. TITLE ☐ Addition TITLE ☐ Delete DICK, CURTIS P NAME NAME 12/01/08--01065--009 STREET ADDRESS 1713 LAKEWOOD ROAD STREET ADDRESS CITY-ST-ZIP JACKSONVILLE, FL 32207 CITY-ST-ZIP Delete Change ☐ Addition TITLE TITLE DICK, PETER L NAME NAME STREET ADDRESS **60 RIVER ROAD** STREET ADDRESS CiTY-ST-ZIP ORANGE PARK, FL 32073 CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME DICK, CURTIS P. NAME STREET ADDRESS 1713 LAKEWOOD ROAD STREET ADDRESS CITY-ST-ZIE CITY-ST-ZIP JACKSONVILLE, FL 32207 Change TITLE X Addition TITLE 📈 Delete Curhs9 Dick NAME DICK, PETER L. NAME 1713 Lakewood Road STREET ADDRESS 60 RIVER RD STREET ADDRESS City-St-ZiP ORANGE PARK, FL 32217 CITY-ST-ZIP Juksonville, FL 32207 TITLE ☐ Change ☐ Addition TITLE ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIE CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.