

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED  
SECRETARY OF STATE  
CORPORATIONS

01 MAY 26 PM 1:25

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-06/13/01--01009--014  
\*\*\*1350.00 \*\*\*1350.00

**CORPORATION REINSTATEMENT**

FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # P95.000084518

1. Corporation Name

Eagle Vegetation Reduction, Inc.  
5559 Dewberry Way  
West Palm Beach, FL 33415

2. Principal Office Address

5559 Dewberry Way

3. Mailing Office Address

5559 Dewberry Way

Subs. Apt. #, etc.

Subs. Apt. #, etc.

City & State

West Palm Beach, FL 33415

City & State

West Palm Beach, FL 33415

Zip

33415

Country

Palm Beach

Zip

33415

Country

Palm Beach

REINSTATEMENT 97-01

4. Date Incorporated or Qualified To Do Business in Florida

11/03/95

5. FEI Number

65-0625633

Apply For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED

Additional Fee \$100.00 for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

Linda L. Buckley

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

5559 Dewberry Way

State, Apt. #, Etc.

City

West Palm Beach

State  
FL

Zip Code

33415

8. I, being authorized 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

Linda L. Buckley

*Linda Buckley*  
REGISTERED AGENT MUST SIGN

Date

May 15, 2001

9. Name and Street Address of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Title	Name of Officer and/or Director	Street Address of Each (Please include Director)	City/State/Zip
P/T/S/D	Linda L. Buckley	5559 Dewberry Way	West Palm Beach, FL 33415
V/D	Augustus M. Buckley, Jr.	5559 Dewberry Way	West Palm Beach, FL 33415
V	Paula L. Saxon	1282 Wild Daisy Lane	West Palm Beach, FL 33415
	200.00-Adm		
	61.25-AC		AD
	88.75-AR SUPP		

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. (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)(c), 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:

*Linda Buckley*  
SIGNATURE AND TYPE OR PRINTED NAME OF REGISTERING OFFICER OR DIRECTOR  
Linda L. Buckley

(561) 616-0915

5/15/01

Date

Daytime Phone #