

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

03 DEC 18 AM 11:39

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # P95000084518

1. Corporation Name

EAGLE VEGETATION REDUCTION, INC.

2. Principal Office Address

5599 DEWBERRY WAY

Suite, Apt. #, etc.

3. Mailing Office Address

SAME

Suite, Apt. #, etc.

City & State

WEST PALM BEACH, FL

City & State

Zip

33415

Country

PALM BEACH

Zip

Country

REINSTATEMENT 03

4. Date Incorporated or Qualified  
To Do Business in Florida

11-03-1995

5. FEI Number

65-0625633

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

A.M. BUCKLEY

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

5599 DEWBERRY WAY

Suite, Apt. #, Etc.

City

WEST PALM BEACH

State

FL

Zip Code

33415

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

*A.M. Buckley*  
REGISTERED AGENT MUST SIGN

Date

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
VD	A.M. BUCKLEY	5599 DEWBERRY WAY	WEST PALM BEACH, FL 33415WES
VD	<del>SAXON</del> PAULA SAXTON	5599 DEWBERRY WAY	WEST PALM BEACH, FL 33415
PSTD	LINDA BUCKLEY	5599 DEWBERRY WAY	WEST PALM BEACH, FL 33415

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:

*Paula L. Saxon*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Dec. 15 2003

5161-3106078

CR2E081 (10/02)

# *Eagle Vegetation Reduction Inc.*

5599 Dewberry Way  
West Palm Beach, Florida 33415  
Tel #561-310-6078 Fax #561-616-0916

**November 15, 2003**

**To: Florida Department of State**  
**Secretary of State**  
**Division of Corporations**  
**P.O. Box 6327**  
**Tallahassee Fl. 32314**

**Dear Sir's -Madams:**

**Please be advised that we did not receive our yearly Corporation report form. We have had to move the company back to West Palm Beach, and in the interim the form for our report was not forwarded to us.**

**Please find enclosed yearly report and check for the Corporation.**

**Thank You for your consideration and attention**

**A.M. (Gus Buckley, Jr.)**  
**Executive Vice President**



**AMB/lab**