

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT



FLORIDA DEPARTMENT OF STATE  
Sandra B. Morham  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

95 NOV 15 PM 4:18

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # L60045

1. Corporation Name  
PICTURE PERFECT LANDSCAPE MAINTENANCE & DESIGN, INC.

Principal Place of Business Mailing Address  
% JACK KRIVANEK, II % JACK KRIVANEK, II  
P.O. BOX 193 P.O. BOX 193  
PALM CITY FL 34980 PALM CITY FL 34980



REINSTATEMENT *OK*

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, if Applicable		3. New Mailing Office Address, if Applicable		4. Date Incorporated or Qualified To Do Business in Florida	
Suits, Apt. #, etc.		Suits, Apt. #, etc.		03/28/1990	
City & State		City & State		5. FEI Number	
Zip		Zip		62-1422359	
Country		Country		Applied For	
				Not Applicable	
6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/>					

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
P	KRIVANEK, JACK II	5056 SW BIMINI CIR	PALM CITY FL
V	KRIVANEK, JACK	5056 SW BIMINI CIR	PALM CITY FL
TS	KRIVANEK, KAY	5056 SW BIMINI CIR	PALM CITY FL
			200002009782--8 -11/20/96--01073--007 ****375-00 ****375-00
			<i>DB11-18-96</i>

8. Name and Address of Current Registered Agent		8. Name and Address of New Registered Agent	
KRIVANCK, JACK I 3405 SW PALM CITY SCHOOL AVE. PALM CITY FL 34980		Name	
		Street Address (P.O. Box Number is Not Acceptable)	
		Suits, Apt. #, Etc.	
		City	
		State FL Zip Code	

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 807.0606, F.S.

Signature of Registered Agent *[Signature]* Date *10-23-96*

REGISTERED AGENT MUST SIGN

11. Does this corporation pay any intangible tax to the Dept. of Revenue under S. 199.032, Florida Statutes. Yes  No  (See other side for information on intangible tax.)

12. 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 807.0401 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)(H), 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 *10/23/96* Daytime Phone #

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR