

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

1

APPLICATION



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State

DIVISION OF CORPORATIONS

REINSTATEMENT

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
00 NOV -2 PM 5:20

DOCUMENT # P96000089153

1. Corporation Name

ADVANCED LANDSCAPE MANAGEMENT, INC.

Principal Place of Business

Mailing Address

205-12 EDGAR STREET  
ATLANTIC BEACH FL 32233

205-12 EDGAR STREET  
ATLANTIC BEACH FL 32233



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	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		10/29/1996	
City & State		City & State		5. FEI Number	
Zip		Country		59-3408367	
				Applied For	
				Not Applicable	
				6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/>	
				\$8.75 Additional Fee required for a Certificate of Status	

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	4 City / State / Zip
P	KLOTZ, JEFF	205-12 EDGAR STREET	ATLANTIC BEACH FL

400003471834--2  
-11/21/00--01022--004  
\*\*\*\*150.00 \*\*\*\*150.00

JS 11/16

8. Name and Address of Current Registered Agent		9. Name and Address of New Registered Agent	
KLOTZ, JEFF 205-12 EDGAR STREET ATLANTIC BEACH FL 32233		Name	
		Street Address (P.O. Box Number is Not Acceptable)	
		Suite, Apt. #, Etc.	
		City	State FL

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.

Signature of Registered Agent: Jeff Klotz **SIGNATURE REQUIRED** Date: 10/20/00

REGISTERED AGENT MUST SIGN

11. 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: Jeff Klotz **SIGNATURE REQUIRED** 10/20/00 Date: 10/20/00 904-249-3094 Daytime Phone #

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E040 (8/00)