

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

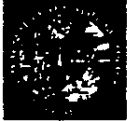
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2016 DEC 14 PM 3:07

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

500293290395

CR2E081 (11/10)

CORPORATION REINSTATEMENT		 FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # <i>F15 000005028</i>			
1. Corporation Name <i>Yellowstone Landscape, Inc.</i>			
2. Principal Office Address - No P.O. Box # <i>3235 N. State St.</i>		3. Mailing Office Address <i>PO Box 849</i>	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State <i>Bunnell FL</i>		City & State <i>Bunnell FL</i>	
Zip <i>32110</i>	Country <i>USA</i>	Zip <i>32110</i>	Country <i>USA</i>
4. Date Incorporated or Qualified To Do Business in Florida		5. FEI Number <i>80-0144209</i>	
Applied For		Not Applicable	
6. CERTIFICATE OF STATUS DESIRED		\$0.75 Additional Fee Required for a Certificate of Status	
7. Name and Address of Current Registered Agent			
Name <i>Corporation Service Company</i>			
Street Address (P.O. Box Number is not acceptable) <i>1201 Hays Street</i>			
Suite, Apt. #, Etc.			
City <i>Tallahassee</i>	State <i>FL</i>	Zip Code <i>32301</i>	
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 <i>[Signature]</i>		Name <i>Courtney Williams</i> <i>Asst. Vice President</i>	
REGISTERED AGENT MUST SIGN		Date <i>12.14.16</i>	
9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)			
Title	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
<i>Pres</i>	<i>Timothy Portland</i>	<i>7313 Fairway Vista Dr. Charlotte, NC</i>	<i>Charlotte, NC 28226</i>
<i>CEO</i>	<i>Al Lalonde</i>	<i>1335 N. Daytona Ave</i>	<i>Flagler Beach FL 32136</i>
<i>VP</i>	<i>Peter Welch</i>	<i>1494 Half Moon Dr.</i>	<i>Port Orange, FL 32127</i>
<i>VP</i>	<i>William Dellecker</i>	<i>798 Onyx Parkway</i>	<i>Deland FL 32724</i>
REINSTATEMENT			<i>DEC 14 2016</i>
			<i>R. HUNT</i>
10. E-mail Address: <i>dcote@yellowstonelandscape.com</i> (To be used for future annual report notification)			
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., and that all fees owed by the corporation have been paid. I further certify, the information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.			
SIGNATURE: <i>[Signature]</i>		NAME: <i>PETER WELCH VICE PRESIDENT</i>	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date Daytime Phone #	

CORPORATION SERVICE COMPANY
1201 Hays Street
Tallahassee, FL 32301
Phone: 850-558-1500

ACCOUNT NO. : I20000000195
REFERENCE : 420841 7417410
AUTHORIZATION : *[Signature]*
COST LIMIT : \$ 750.00

ORDER DATE : December 14, 2016
ORDER TIME : 11:42 AM
ORDER NO. : 420841-005
CUSTOMER NO: 7417410

REINSTATEMENT

NAME: YELLOWSTONE LANDSCAPE, INC.

XX REINSTATEMENT

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

 CERTIFIED COPY
XX PLAIN STAMPED COPY
 CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Courtney Williams

EXAMINER'S INITIALS

DEC 14 2016

R. HUNT

STATE OF FLORIDA
DEPARTMENT OF REVENUE
SUFFICIENCY OF FILING

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