

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State

DIVISION OF CORPORATIONS

FILED

01 OCT 17 PM 4:18

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # G75201

1. Corporation Name

A-1 LANDSCAPING OF
ORLANDO, INC.

2. Principal Office Address

13040 Sunset Harbor Rd

Suite, Apt. #, etc.

19

City & State

Weirsdate Florida.

Zip

32195

Country

3. Mailing Office Address

PO Box 616647

ORLANDO

32835

Suite, Apt. #, etc.

City & State

Orlando FL

Zip

32861

Country

**4. Date Incorporated or Qualified
To Do Business in Florida**

5. FEI Number

59-2390085

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

Steve Mansfield

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

13040 Sunset Harbor Rd.

Suite, Apt. #, Etc.

200004653382-2

-10/25/01--01060--009

***1800.00 ***1800.00

City

Weirsdate

State

FL

Zip Code

32195

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

Steve K. Mansfield

REGISTERED AGENT MUST SIGN

Date 10/17/2001

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
President	Steve Mansfield	13040 Sunset Harbor Rd	Weirsdate FL 32195

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:

Steve K. Mansfield

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10/17/2001

Date

807 2997776

Daytime Phone #

CR2E081 (9/00)