

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
Feb
03 JAN -3 AM 9:37
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 381650
1. Corporation Name
R.G. LANDSCAPES, INC.

2. Principal Office Address
1880 OLD MILLS RD.
Suite, Apt. #, etc.
City & State
GENEVA, FL
Zip
32732
Country
USA

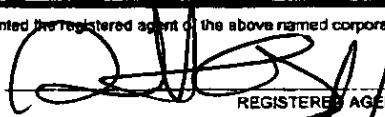
3. Mailing Office Address
SAME
Suite, Apt. #, etc.
City & State
Zip
Country

800011628278
REINSTATEMENT 01-03
4. Date Incorporated or Qualified To Do Business in Florida 7.1.87
5. FEI Number 59-2821757 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
RICHARD G. GEER, JR.
Street Address (P.O. Box Number is Not Acceptable)
1695 BOMI CIRCLE
Suite, Apt. #, Etc.
City
WINTER PARK
State
FL
Zip Code
32792

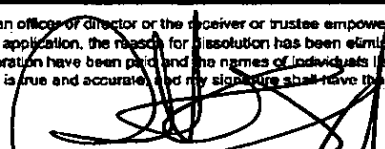
8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.

Signature of Registered Agent  Date 1-31-03
REGISTERED AGENT MUST SIGN

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
P	RICHARD G. GEER	1695 BOMI CIRCLE	WINTER PARK, FL 32792
VP	ELLEN H. GEER	SAME	32792
M	SARA J. McCLEATHAN	695 N. JUNALE RD.	GENEVA, FL 32732

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 reasons 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)(f), 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:  Date 1-31-03 407-349-2240
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #

CR2001 (10/02)

