

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT  
FLORIDA DEPARTMENT OF STATE  
John Smith  
Secretary of State  
TALLAHASSEE, FLORIDA

FILED

03 JAN 29 PM 1:07

1. DOCUMENT # L01000005114

Name and Mailing Address

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

0011084 01 FP 0.352 \*\*PRST H3 0 0615 33983-551246

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P. & R. LANDSCAPING, L.C.  
346 CASALE G. STREET  
PUNTA GORDA FL 33983-5512



<b>2. New Mailing Address</b> 18183 Toledo Blade Blvd City, State, Zip Pt. Charlotte FL 33948		<b>4. State/Country of Formation</b> FL	
<b>Principal Place of Business</b> 346 CASALE G. STREET PUNTA GORDA FL 33983		<b>5. Date Organized or Qualified To Do Business in Florida</b> 04/03/2001	
<b>3. New Principal Place of Business Address</b> 18183 Toledo Blade Blvd City, State, Zip Pt Charlotte, FL 33948		<b>6. FEI Number</b> 65-1053746 <b>Applied For</b> Not Applicable	
<b>8. Name and Address of Current Registered Agent</b> PATTERSON, DANIEL 346 CASALE G. STREET PUNTA GORDA FL 33983		<b>7. CERTIFICATE OF STATUS DESIRED</b> <input type="checkbox"/> <b>\$5.00 Additional Fee required for a Certificate of Status</b>	
<b>9. Name and Address of New Registered Agent</b> Name Patterson, Daniel L. Street Address (P.O. Box Number is Not Acceptable) 18183 Toledo Blade Blvd City Pt Charlotte FL Zip Code 33948			
<b>10. I, being appointed the registered agent of the above named limited liability company, am familiar with and accept the obligations of Chapter 608, F.S.</b> Signature of Registered Agent REGISTERED AGENT MUST SIGN Date 12/20/02			
<b>11. Names and Street Addresses of Each Managing Member/Manager</b>			
Title(s)	Name of Managing Members/Managers	Street Address of Each Managing Member/Manager	City / State / Zip
President	Daniel L. Patterson	18183 Toledo Blade Blvd	Pt Charlotte, FL 33948
Vice President	Mike Romancko	25924 Ayres Blvd	Punta Gorda FL 33983
		800009954258 01/08/03-01044-002 **200.00	

12. I certify that I am managing member/manager or the receiver or trustee empowered to execute this application as provided for in chapter 608, F.S. I further certify that when filing this reinstatement application the reason for dissolution has been eliminated, the limited liability company name satisfies the requirements of section 608.406, F.S., and that all fees owed by the limited liability company have been paid. 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 of Managing Member/Manager   
Date 12/20/02 Daytime Phone # 941-628-3842

Typed or printed name of signing Managing Member/Manager  
Daniel L. Patterson

CR2E084 (8/02)