


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT		 FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS		<div style="border: 1px solid black; padding: 5px; display: inline-block;"> APPROVED AND FILED </div> 97 MAR 25 PM 2:01 SECRETARY OF STATE TALLAHASSEE, FLORIDA	
DOCUMENT # L87447 1. Corporation Name PROFESSIONAL LANDSCAPE SERVICES, INC.				<div style="border: 1px solid black; padding: 5px; display: inline-block;"> 600002126416--7 -03/27/97-01110-007 *****915.00 *****915.00 </div>	
Principal Place of Business 115-B WOODSIDE AVE ORANGE PARK FL 32073		Mailing Address 115-B WOODSIDE AVE ORANGE PARK FL 32073			
If above addresses are incorrect in any way, line through incorrect information and enter correction below.					
2. New Principal Office Address, If Applicable Suite, Apt. #, etc. City & State Zip Country		3. New Mailing Address, If Applicable Suite, Apt. #, etc. City & State Zip Country		4. Date Incorporated or Qualified To Do Business in Florida <div style="text-align: right;">07/12/1990</div>	
				5. FEI Number <div style="text-align: right;">59-3017058</div>	
				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)					
Title(s)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	City / State / Zip		
P/S	PRESIDENT/SECRETARY COSHOW, WILLIAM DUFFY	1956 CHOCTOW TRAIL MIDDLEBURG FL 32068			
REINSTATEMENT				96-97 A. Nam 3/25/97	
COSHOW, WILLIAM DUFFY 1956 CHOCTOW TRAIL MIDDLEBURG FL 32068		9. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) Suite, Apt. #, Etc. City State Zip Code <div style="text-align: right;">FL</div>			
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 [Signature]		William D. Coshow REGISTERED AGENT MUST SIGN		Date 3/11/97	
11. Does this corporation pay any intangible tax to the Dept. of Revenue under S. 199.032, Florida Statutes. Yes <input type="checkbox"/> No <input type="checkbox"/> (See other side for information on intangible tax.)					
12. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I release the Division of Corporations from any liability of non-compliance with Section 119.07(3)(k) in the event that the information supplied is deemed exempt from public access. 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. 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: [Signature]		William D. Coshow		March 11, 1997 904/269-6596	

CPRE040 (12/95)