

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Jim Smith
 Secretary of State
 DIVISION OF CORPORATIONS

FILED

02 NOV 21 AM 9:34

SECRETARY OF STATE
 TALLAHASSEE FLORIDA

DOCUMENT # **M62173**

1. Corporation Name
ENVIRO-DESIGN, INC.

Principal Place of Business	Mailing Address
252 N.E. 87TH STREET EL PORTAL FL 33138	252 N.E. 87TH STREET EL PORTAL FL 33138



If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable		3. New Mailing Office Address, If Applicable		4. Date Incorporated or Qualified To Do Business in Florida	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		11/06/1987	
City & State		City & State		5. FEI Number	
Zip		Country		65-0025962	
				Applied For	
				Not Applicable	
				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)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
P	TOMCZAK, JOHN C.	252 NE 87 ST	EL PORTAL FL

000009148460
 11/21/02--01052--006 **150.00

8. Name and Address of Current Registered Agent		9. Name and Address of New Registered Agent	
TOMCZAK, JOHN C. 252 N.E. 87 STREET EL PORTAL FL 33138		Name	
		Street Address (P.O. Box Number is Not Acceptable)	
		Suite, Apt. #, Etc.	
		City	State FL
			Zip Code

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. or 617.0505, F.S.

Signature of Registered Agent _____ Date 11-11-02

SIGNATURE REQUIRED
 REGISTERED AGENT MUST SIGN

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., 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: _____ Date 11-11-02 Daytime Phone # 305-758-8032

SIGNATURE REQUIRED
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E040 (8/02)

ENVIRO-DESIGN INC.
LANDSCAPE DESIGN & CONTRACTING
252 N.E. 87TH STREET
EL PORTAL, FLORIDA 33138
(305) 758-8032 FAX (305) 756-1787

October 24, 2002

Dear Florida Department of State,

I am writing to inform you that we are now filling for reinstatement. I am requesting that you waive the reinstatement fee, due to the fact that we did not receive two prior uniform business report notices. I am including a completed application for the reinstatement, and the reinstatement fee of \$150.00. If you should require any further any other information, please feel free to contact our office at 305 758-8032.

Thank you for your attention to this mater.

Sincerely,



John Tomczak
President