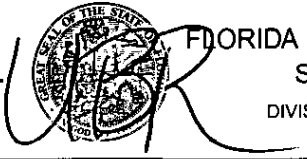


FORM FOR 2003

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

172

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

03 AUG -5 PM 4:43

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P000000 60314

1. Corporation Name

PROSTYLE LANDSCAPE INC.  
234

2. Principal Office Address

234 WOVEN LN

Suite, Apt. #, etc.

City & State

APPOKA FL

Zip

32703

Country

ORANGE

3. Mailing Office Address

234 WOVEN LN

Suite, Apt. #, etc.

City & State

APPOKA FL

Zip

32703

Country

ORANGE

4. Date Incorporated or Qualified  
To Do Business in Florida

OCT-02-2000

5. FEI Number

593655310

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

DANIL A NATEIRA

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

234 WOVEN LN

Suite, Apt. #, Etc.

City

APPOKA

State

FL

Zip Code

32703

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

[Signature]

Date 7-30-03

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.	DANIL A NATEIRA	234 WOVEN LN APPOKA FL 32703	APPOKA FL 32703

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7-30-03

Date

407-886-3733

Daytime Phone #

CR2E081 (10/02)

282

# *ProStyle Landscape, Inc.*

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M/WBE Certified

Attn: Staff  
Florida Department of State

My name is Elizabeth and I'm with Prostyle Landscape Inc.

We were trying to open a biz credit account when we were told that our company showed that we were inactive as being incorporated. We called our accountant and we were told that some how the Florida department of state had our old address. That's why we never renewed it because we never received any paper work to renew. I spoke to some one in your office and they told me just to write a letter explaining why we had not renewed and send 150 for each year which was for 2002 and 2003 enclosed our two complete forms and a check for 300 dollars plus 8.75 for the certificate of status. Would you please change our address so we can avoid this problem next year.

Thank you

If you have any question please contact me @ 407-886-3733

234 LOVELL LN • APOPKA, FL • 32703  
PHONE: 407-886-3733 • FAX: 407-540-9740  
EMAIL: PSLANDSCAPEINC@AOL.COM