

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.


FILED

02 AUG 19 AM 10:44

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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-08/22/02--01059--006
****900.00 ****900.00

REINSTATEMENT 01-02

CORPORATION REINSTATEMENT				FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # 800000105748					
1. Corporation Name Dave's Lawn & Landscape Design Inc					
2. Principal Office Address 3930 NW 73rd AVE			3. Mailing Office Address PO BOX 451485		
Suite, Apt. #, etc. Lauderhill, FL			Suite, Apt. #, etc. Sunrise, FL		
City & State			City & State		
Zip 33319	Country Broward	Zip 33345	Country Broward		

4. Date Incorporated or Qualified To Do Business in Florida November 9, 2000	Applied For
5. FEI Number 65-1044899	Not Applicable
6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$8.75 Additional Fee required for a Certificate of Status	

7. Name and Address of Current Registered Agent	
Name David Lowe	
Street Address (P.O. Box Number is Not Acceptable) 3930 NW 73rd AVE	
Suite, Apt. #, Etc.	
City Lauderhill	State FL
Zip Code 33319	

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

David Lowe

REGISTERED AGENT MUST SIGN

Date

6/20/02

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
owner	David Lowe	3930 NW 73rd AVE	Lauderhill, FL 33319

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:

David Lowe

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

6/20/02 1-954-270-6892

Date

Daytime Phone #

CR2E081 (9/01)