


2005 FOR PROFIT CORPORATION REINSTATEMENT

04-05 Rei

FILED
05 AUG 11 PM 4:51
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P01000014715	
1. Entity Name PRISTINE LANDSCAPE INC.	

Principal Place of Business 4134 N.W. 41ST DRIVE COCONUT CREEK, FL 33073-4711	Mailing Address 4134 N.W. 41ST DRIVE COCONUT CREEK, FL 33073-4711
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2. Principal Place of Business 9300 Wiles Rd.	3. Mailing Address 9300 Wiles Rd.
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State Coral Springs Fla.	City & State Coral Springs Fla.
Zip 33067	Zip 33067
Country U.S.	Country U.S.



08032005 REIN-P CR2E098 (6/04)

4. FEI Number 23-3031832	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent SOMMER, MARK 4134 N.W. 41ST DRIVE COCONUT CREEK, FL 33073-4711

7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code
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8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE <input checked="" type="checkbox"/> 	DATE 8/8/05
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Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$300.00

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SOMMER, MARK 4134 N.W. 41ST DRIVE COCONUT CREEK, FL 330734711	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	Sommer Mark 9300 Wiles Rd. Coral Springs Fla 33067	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	600058477486 08/11/05--01032--002 **300.00	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: <input checked="" type="checkbox"/> Mark Sommer 	DATE 8/8/05	DAYTIME PHONE # (904) 448-3971
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SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE

DAYTIME PHONE #