1/2

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
04 OCT 29 PM 12:13

DOCUMENT # P01000042533

1. Corporation Name
FIVE SONS LANDSCAPE, INC.

315 W GRANT STREET
PO BOX 568155

2. Principal Office Address		**3.** Mailing Office Address	
315 W GRANT STREET		PO BOX 568155	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State ORLANDO, FL		City & State ORLANDO, FL	
Zip 32806	Country USA	Zip 32856-8155	Country USA

REINSTATEMENT 03-04

4. Date Incorporated or Qualified To Do Business in Florida 4/26/01

5. FEI Number
593715994

☐ 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
STEPHEN FUSSELL

400038396084
06/28/04--01079--008 **908 75

Street Address (P.O. Box Number is Not Acceptable)
2313 S SUMMERLIN AVENUE

Suite, Apt. #, Etc.

City	State	Zip Code
ORLANDO	FL	32829

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 _____ Date 6-18-04

REGISTERED AGENT MUST SIGN

CR2E081 (01/04)

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
D	LAWRENCE E. FUSSELL, JR.	4153 EAGLE FEATHER DRIVE	ORLANDO, FL 32829
D	STEPHEN FUSSELL	2313 S. SUMMERLIN AVENUE	ORLANDO, FL 32806
D	MICHAEL FUSSELL	2313 S. SUMMERLIN AVENUE	ORLANDO, FL 32806

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: _____ PRESIDENT 6-18-04 407-422-6700

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

10129
AD

UNITED HERITAGE BANK

Current Date:	September 30, 2004
Account Number:	[redacted]
Capture Date:	July 01, 2004
Item Number:	40044967126
Posted Date:	July 01, 2004
Posted Item Number:	183002491
Amount:	$908.75
Record Type:	Debit

THE LAW OFFICES OF JOHN L DI MASI PA
FIRM TRUST ACCOUNT
207 E LIVINGSTON ST
ORLANDO FL 32801

ORIGINAL CHECK HAS A COLORED BACKGROUND PRINTED ON CHEMICAL REACTIVE PAPER - SEE BACK FOR DETAILS

Law Offices Of John L. DiMasi, P.A.
Firm Trust Account
207 East Livingston Street
Orlando, FL 32801

United Heritage Bank

CHECK NO. [redacted]

Nine Hundred Eight ** 75/100

DATE Jun 22, 2004 AMOUNT $908.75

PAY TO THE ORDER OF
Department of State

Reinstatement Fee

[redacted] /0000090875/

043105766l
07012004
0630-0019-9
ENT=0838 TRC=0839 PK=05

BANK OF AMERICA NA JAX
574028431?

EDS-4-00453-100906879
DEPOSIT ONLY 640.90
06/23/04-01079-003