PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION **FOR** REINSTATEMENT



FLORIDA DEPARTMENT OF STATE Jim Smith

Secretary of State

DIVISION OF CORPORATIONS

P01000057240 DOCUMENT

1. Corporation Name

FRITCHEY LANDSCAPE CO., INC.

Principal Place of Business

Mailing Address

4304 BEECHWOOD LAKE DR.

4304 BEECHWOOD LAKE DR.

FILED 03 OCT 27 PM 2: 04 SECRETARY OF STATE TALLAHASSEE, FLORIDA

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If above addresses are incorrect in any way, line through incorrect information and enter correction below.										
				ling Office Address, If Applicable		4. Date Incorporated or Qualified To Do Business in Florida 06/04/2001				
Suite, Apt. #, etc.			Suite, Apt. #, etc.			5. FEI Numbe			Applied For	
City & State			City & State			59-372697		3	Not Applicable	
Zip Country		Country	Zip		Country	6. CERTIFICATE OF STATUS DESIRED Lib for a Certi		Additional Fee required a Certificate of Status		
7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)										
Title(s)	Title(s) Name of Officers and/or Directors			3	Street Address of Each Officer and/or Director			City / State / Zip		
D	FRITCHEY, ROGER L			4304 BEECHWOOD LAKE DR.			NAPLES FL 34112			
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8. Name and Address of Current Registered Agent						9. Name and Address of New Registered Agent				
					Name					
FRITCHEY, ROGER L					Street Address (P.O. Box Number is Not Acceptable)					
4304 BEECHWOOD LAKE DR.										
NAPLES FL 34112					Suite, Apt. #, Etc.					
					City			State 2	Zip Code	
10. I, being	appointed the	e registered agent of the abo	ove named corpo	ration, am f	amiliar with and accept the ob	oligations of Sect	ion 607.0505, F.S. or 6	17.0505, F	S.S.	

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:

Signature of Registered Agen

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OF DIRECTOR

Frítchey's Landscape Co, Inc. 4304 Beechwood Lake Dríve Naples, Fl. 34112

October 17, 2003

Division of Corporations Annual Report/Reinstatement Section PO Box 6327 Tallahassee, Fl. 32314

Ref: Application for Reinstatement

To Whom It May Concern:

Attached, please find a copy of the reinstatement application for Fritchey's Landscape Co., Inc and a check in the amount of \$150.00. We are requesting that the \$600.00 fee for reinstatement be waived as to the best of our knowledge we did not receive the URB notices. Your consideration is greatly appreciated.

Sincerely,

Roger L. Fritchey

Fritchey's Landscape Co. Inc.

Attachments: \$156.00 check

Application Reinstatement