PLEASE READ ALL INST	RUCTIONS	BEFORE C	OMPLETII	NG THIS FO	RM. Ogge 1	19/2
APPLICATION FLORIDA DEPARTMENT OF STATE Jim Smith Secretary of State RECTION OF COMPONATIONS			FILED			
DOCUMENT # P01000072187			02 DEC -6 PM I2: 32			
1. Corporation Name			SECRETARY OF STATE TALLAMASSEE, FLORIDA			
ISLANDS LANDSCAPING AND DESIGN, INC.			IAL	LAMADOCE, FU	Unida	
Principal Place of Business Mailing Address			 	NUKAN MUNIK NEMIK NUMIK ENIM	ARINI NARIA NIARA NIARA RASIL N	1 1.111. 1
412 COURTLEA CREEK DR. WINTER GARDEN FL 34787 412 COURTLEA CREEK DR. WINTER GARDEN FL 34787						
If above addresses are incorrect in any way, line through incorrect information and enter correction below.						
2. New Principal Office Address, If Applicable 3. New Mailing Office Address, If Applicable			Date Incorporated or Qualified To Do Business in Florida 07/23/2001			
Suite, Apt. #, etc. 7226 W. Ca/anial Dr. #263 City & State, City & State			5. FEI Number			nd For
Orlands Florida Zip Country Zip	la		6. CERTIFICATE	OF STATUS DESIRED	\$8:75-Additional Fe	e required
7. Names and Street Addresses of Each Officer and/or Director (Flor	rida nonprofit corpora	tions must list at lea			101 a Gertineate o	Otakos
Title(s) Name of Officers	Street Address of Each Officer and/or Director			4	City / State / Zip	
D SHELLY, RAYMOND	412 COURTLEA CREEK DR.			WINTER GARDEN FL 34787		
					- 4	
	and the state of t			 	CO1E	
	****	i.	117127	02010740	12 **150.00	
	<u>.</u>			02 UB	r	
			Q Name and A	ddress of New Regis	stered Agent	
8. Name and Address of Current Registered Agent Name						
SHELLY, RAYMOND 412 COURTLEA CREEK DR.	Name Street Address (P.O. Box Number is Not Acceptable) Street Address (P.O. Box Number is Not Acceptable)					
WINTER GARDEN FL-94787		Sulte, Apt. #, Etc.				
City			State Zip Code FL			
10. I, being appointed the registered agent of the above named corporate	oration, am familiar wi	ith and accept the ol	bligations of Secti	on 607.0505, F.S. or 6	317.0505, F.S.	
Signature of Registered Agent REGISTERED AG	SPECU ENT MUST SIGN	MRED		Date	107/02	
In I certify that I am an officer or director or the receiver or trustee en this reinstatement application, the reason for dissolution has been owed by the corporation have been paid and the names of individent on this application is true and accurate, and my signature shall have	n eliminated, the corpo duals listed on this for	orate name satisfies m do not qualify for	the requirements an exemption und	of section 607.0401 o	іг 617.040 і, Б.Б., іла≀а	ii rees
SIGNATURE: SIGNATURE AND TYPED OF PRINTED NAME OF SIGNING OFFICE OF DIRECTOR 12/02/02 407 448 2108 Dayline Phone #						



Islands Landscaping and Design Inc.

7226 W. Colonial Drive, Box 263 Orlando, FL, 32818



November 9, 2002

Division of Corporations Annual Report/Reinstatement Section P O Box 6327 Tallahassee Florida 32314-6327

Reference: Document # P01000072187 Island Landscaping and Design, Inc.

Dear Sir or Madam:

I am referring to the Notice of Administrative dissolution of the above mentioned Company.

After a careful examination of our records, we appear to have not received your request for a Corporation annual report which is mandatory from your Agency. Since we have changed our Corporation address, I believe that inadvertently we missed to inform you of our new address and this may have been the reason why we did not received this important notification.

I am enclosing a check in the amount of \$150.00 and please accept our apology for this omission. I took note of this and will ensure this will never happen again.

Thank you for your understanding.

Raymond Shelly

President

Yours truly