PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION FLORIDA DEPARTMENT OF STATE	
REINSTATEMENT Secretary of State DIVISION OF CORPORATIONS	09 FEB 1 9 AM 8: 15
DOCUMENT # P02000 47222 1. Corporation Name	SECRETARY OF STATE TALLAHASSEE, FLORIDA
A-ITREES LAWDS CAPING, TWC	100144012011
1100	100144013911 02/19/0901038003 **450.00
2. Principal Office Address - No P.O. Box # 3. Mailing Office Address	REINSTATEMENT 00 00
7810 NW 47 ST 7810 NW 47 ST Suite, Apt. #, etc.	REINSTATEMENT 07 - 09
City & State City & State	4. Date Incorporated or Qualified 127/03
handerhill, FL FAUGORHILL, FL	5. FEI Number Applied For Not Applicable
33371 USA 33351 Country	CERTIFICATE OF STATUS DESIRED \$8.75 Additional Fee required for a Certificate of Status
7. Name and Address of Current Registered Agent	
Jeans. SYLLA	The reinstatement fee is imposed, except in circumstances which the entity did not receive
Street Address (P.O. Box Number is Not Acceptable)	the prior notices. By checking this box, you are certifying the prior notices were not
Suite, Apt. #, Etc.	received and requesting the reinstatement fee be waived.
City Lauderhill State Zip Code FL 33397	lee be waiveu.
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 Ham B. Sille REGISTERED AGENT MUST SIGN	
9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)	
Titles Name of Street Address of Ea Officers and/or Directors Officer and/or Direct	
Pd+ Jean B. Sylla 7810 N.W 4-	St Landerhill \$133341
RH	
REINSTATEMENT	
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 filling 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 contained in Chapter 119, 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 goth	
SIGNATURE: X B - S G //4/09 274-4851 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Date Dayume Phone #	
SIGNATURE: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Dayume Phone #	

January 15, 2009

Department of State Division of Corporations P.O.Box 6327 Tallahassee, Fl 32314 Re: A1 Tree & Landscaping P02000047222

To Whom it may concern:

Please find, enclosed, my reinstatement application for my corporation: A1 Tree & Landscaping, Inc. The corporation was dissolve because of non payment of the annual report. This was due to the fact that I never received the renewal card since I had moved from the old address at 1600 NE 3rd Ave to the new address at 7810 NW 47th St.

I would appreciate it, if you can reinstate the above corporation.

Sincerely,

Jean B. Sylla