PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT  FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS  SCHOOL AND THE PRODUCT OF STATE SECRETARY OF STATE SECRETARY OF STATE FAILAL ASSET. FLORIDA  1. Comparation Name  ALL ABOUT LANDSCAPING, INC.  2. Principal Office Address  701 DUCK Lake Road  PO Box 549  Suffe, Apt. 8, ozc.  3. Mailing Office Address  701 DUCK Lake Road  PO Box 549  Suffe, Apt. 8, ozc.  3. Mailing Office Address  701 DUCK Lake Road  PO Box 549  Suffe, Apt. 8, ozc.  3. Mailing Office Address  701 DUCK Lake Road  PO Box 549  Suffe, Apt. 8, ozc.  3. Mailing Office Address  701 DUCK Lake Road  PO Box 549  Suffe, Apt. 8, ozc.  3. Mailing Office Address  TO Box Business in Policition  Suffe, Apt. 8, ozc.  3. Mailing Office Address  Suffe, Apt. 8, ozc.  3. To DUCK Suffe, Suffe		PLEASE READ	ALL INSTRUCT	IONS BEFORE	L FILE ING LETORINI.		
DOCUMENT # P0200054916  1. Corporation Marker ALL ABOUT LANDSCAPING, INC.  2. Pericipal Office Address 701 Duck Lake Road  3. Mailing Office Address 701 Duck Lake Road  90 Box 549  Sulle, Apt #, etc.  4. Date incorporated or Qualified 10 to be business in Florida  Coy's State Lady Lake, Florida  Lady Lake, Florida  Country 20 32159  Lake  7. Name and Address of Current Registered Apart  Name Chad W. Sartain  Street Address (PO Box Number is Not Acceptable)  PO Box 549, 1025 Lindsey Lane Ct.  Signature of Registered Apart  PO Box 549, 1025 Lindsey Lane Ct.  Signature of Registered Apart  Registered Address of Each Official amount of Decision (Plorida registered Apart)  PO Box 549, 1025 Lindsey Lane Ct.  Signature of Registered Apart Address of Each Official amount of Decision (Plorida registered Apart)  PO Box 549  1. Lady Lake, FL 32158  10. Lendry that I am an office or disorder in Presented or Visited an proposed to be predicted for industrial of Policy Interest Proposed Registered for industrial of Policy Interest Proposed Registered for Interest Proposed Registered for Interest Proposed Registered Registered Apart Proposed Registered Registered Registered Apart Proposed Registered Registe	COL		Secretar	ry of State			
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30.10 Duck Lake Road  Suffe, Apt. #, etc.  Suffe, Apt. #, etc.  4. Date incorporated or Qualified 5/20/02  City & State Lady Lake, Florida  Country Lady Lake, Florida  Country Lake  7. Name and Address of Current Registered Agent  Name Chad W. Sartain  Steek Address (P.O. Box Number is Not Acceptable) PO Box 549, 1025 Lindsey Lane Ct.  Suffe, Apt. #, Etc.  City Lady Lake  8. I. being appointed the registered absorbed the Adversa of Current Registered Agent  Registered Agent  Registered Address of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)  Pres Chad Sartain  PO Box 549  Lady Lake, FL 32158  Sec./Tr James Sartain  PO Box 549  Lady Lake, FL 32158  Lady Lake, FL 32158  Sec./Tr James Sartain  PO Box 549  Lady Lake, FL 32158  Sec./Tr James Sartain  PO Box 549  Lady Lake, FL 32158  Lady Lake, FL 32158  Sec./Tr James Sartain  PO Box 549  Lady Lake, FL 32158  Lady Lake, FL 32158  Sec./Tr James Sartain  PO Box 549  Lady Lake, FL 32158  Sec./Tr James Sartain  PO Box 549  Lady Lake, FL 32158  Sec./Tr James Sartain  PO Box 549  Lady Lake, FL 32158  Sec./Tr James Sartain  PO Box 549  Lady Lake, FL 32158  Sec./Tr James Sartain  PO Box 549  Lady Lake, FL 32158  Sec./Tr James Sartain  PO Box 549  Lady Lake, FL 32158  Sec./Tr James Sartain  10. Londay bat I am an office or director free properties the security that when filling this reinstatement application, the Jack print when filling this reinstatement application is two and explanate, also plans are integer effect as if made under control or acceptor free centry that when filling this reinstatement application is two and explanate application has provided for in chapter 607 or 617, F.S. I flutther centry that when filling this reinstatement application is two and explanate application has provided for in chapter 607 or 617, F.S. I flutther centry that when filling this reinstatement application is two and explanate application is two and explanate application in the parameter of registering the control of the provided for in					10/13/03=01074=005;= <b>**</b> 150.0	10	
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City & State  Lady Lake, Florida  Lady Lake, Florida  Zip  Country  Lake  Lady Lake  Lady Lake  Lady Lake, FL 32158  Country  Lake  Lady Lake, FL 32158  Country  Lady Lake, FL 32158  Lady L			<u> </u>				
City & State Lady Lake, Florida Lady Lake  7. Name and Address of Current Registered Agent  Name Chad W. Sartain Street Address (P.O. Box Number is Not Acceptable) PO Box 549, 1025 Lindsey Lane Ct.  State Zip Code FL 32158  8. I. being appointed the registered apostfor the Acceptable) PO Box 549, 1025 Lindsey Lane Ct.  Size Zip Code FL 32158  9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at laget 3 directors)  Tales Officers and/or Directors  City / State / Zip  Pres Chad Sartain PO Box 549 Lady Lake, FL 32158  Sec/Tr James Sartain PO Box 549 Lady Lake, FL 32158  10. Lady Lake, FL 32158	Suite, Apt. 1	m, o.c.	Sales, Apr. #, etc.		4. Date Incorporated or Qualified		
Lady Lake, Florida  Lady Lake, Florida  Lady Lake, Florida  Lady Lake, Florida  Zip  Such Country  32158  Certificate  Certificate of Status Desired  To Name and Address of Current Registered Agent  Name  Chad W. Sartain  Street Address (PO. Box Number is Not Acceptable)  P O Box 549, 1025 Lindsey Lane Ct.  Suite, Apt. #, Etc.  City Lady Lake, FL 32158  S. L. being appointed the registered agent of the above named oppopulate, par-termitian with and accept the obligations of section 607.0506 or 617.0503. F.S.  Signature of Registered Agent  P O Box 549  Registered Addresses of Each Official and/or Director (Florida nonprofit corporations must list at least 3 directors)  Titles  Chad Sartain  P O Box 549  Lady Lake, FL 32158	City & State		City & State	<del></del>	To Do Business in Florida 5/20/02		
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SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  Date  Date	this reinstatement application, the reason for dispolution has been eligininated, 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.						
	SIGNAL	SIGNATURE AND TYPED OR PRIE	TED NAME OF SIGNING OF	FICER OR DIRECTOR		• }	



## COMMERCIAL & RESIDENTIAL LANDSCAPING & IRRIGATION

October 10, 2003

Department of State
Division of Corporations
P-O-Box-6327
Tallahassee, FL 32314

Re: All About Landscaping, Inc. P02000054916

Dear Div. Of Corp:

Please find enclosed a reinstatement form and check in the amount of \$150.00 for our corporation. We never received the URB report this year, the post office will not deliver to our physical address. We request that you please waive the late fee since I was not aware the URB report was due. I did not know we were placed on inactive until I went on line this morning to get our document # and found we were listed inactive. After calling your office I was instructed to send the reinstatement form and a check.

If you require anything further, please contact me at 352-753-0854. Thank you for your assistance with this matter, sometimes it is perplexing to know everything needed.

Sincerely,

Maney Cult
Nancy Ault
Administrator