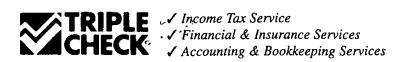
PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION SECRETARY FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS DOCUMENT # POD 0000 60250 1. Corporation Name COASTAL LANDSCAPING, INC.					05	FILED 05 APR 25 AM 6: 17 SECRETARE OF STATE TALLAHASSEE, FLORIDA		
2. Principal Office Address P.O. BOX 2772 Suite, Apt. #, etc. City & State PONTE VEDRA BEACH, FL			P.O. BOX Suite, Apt. #,	Suite, Apt. #, etc.		4. Date Incorporated or Qualified To Do Business in Florida 05/31/02 5. FEI Number 04-3682622 Applied For Not Applicable		
Zip Country 32004 USA		Zip 32004	Country USA	6.	CERTIFICATE OF STATUS DESIRED S8.75 Additional Fee required for a Certificate of Status			
8. I, being Signature of Registered	Street Add 1033 SI Suite, Apt. City PONTE appointed the	#, Etc. VEDRA BEA	СН	oration, am familiar with and accept the Voca	ne obligations of sections	State Zip Code S2082 State Zip Code S2082 S2082	CR2E081 (01/05)	
9. Names	and Street A		licer and/or Director (Fk	orida nonprofit corporations must list				
Titles	Officers and/or Directors		Street Address of Each Officer and/or Director P.O. BOX 2772		City / State / Zip PONTE VEDRA BEACH, FL 32004 DO054125132			
					05/10	/0501n08025 **4	50,00	
this rei owed b	Instatement apply the corporal application is	oplication, the reason tion have been paid true and accurate, a	of or dissolution has bee and the names of individend and my signature shall h	n eliminated, the corporate name sati	Isfies the requirements r for an exemption und	apter 607 or 617, F.S. I further certify that so f section 607.0401 or 617.0401, F.S., der section 119.07(3)(i), F.S. The information of the section 119.07(3) appears 904-241-253	that all fees tion indicated	



320 Osceola Avenue Jacksonville Beach, FL 32250 Phone 904/241-2533 Fax: 904/241-1604 www.triplechecktax.com

April 22, 2005

Department of State Division of Corporations Post Office Box 6327 Tallahassee, FL 32314

RE: Profit Corporation Reinstatement

Document #P02000060250; Coastal Landscaping, Inc.

Dear Sir/Madam,

Please see the enclosed Reinstatement form for our client listed above. We are requesting that you accept this application and payment of \$450.00, for the years 2003, 2004 & 2005 to become active.

Mr. Nasby, Owner of the above Corporation, did not receive his report for the referenced periods. Upon our annual review of his account along with your web site, it was determined that he had not filed the Annual Report for the noted years. He has always filed his government paperwork timely and is very conscientious regarding payment for all yearly fees and taxes.

Thank you for your help and consideration with this matter. Please contact me if you have any questions/concerns regarding this matter.

Sincerely,

Heather Copeland

Enclosures: Corporate Reinstatement

Check: #421

HURLIPERS