FROM	:	GEMSTONE	GALL FRY	TELIEI	EDC

FAX NO. :

Jan. 08 2004 09:21PM P2

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

F	ICATION FOR TATEME		200 (100 (100 (100 (100 (100 (100 (100 (	DEPARTMEN Glenda E. Ho Secretary of S VISION OF CORPOR	ood state		04	FILE	
DOCUMENT # P02000073376  1. Corporation Nume						04 JUL -7 AM 10:51 SECRETARY OF STATE TALLAHASSEE, FLORIDA			
NATURAL WOODSCAPES, INC.								11 - 14 A A A A A A	CLORIDA
1025, BRIDLEWOOD WAY			1025 BRIDLEY	Mailing Address  1025 BRIDLEWOOD WAY BRANDON FL 33511					
If above addresses are incorrect in any way, line through incorrect information and enter correction below.  2 New Mailing Office Address, if Applicable 3. New Mailing Office Address, if Applicable 3.						4. Date income	and or Ordinad		
		Suite, Apt. #,			To Do Busin	orated or Qualified less in Florida	07/05/2	2002	
		City & State			5. FEI Number	3-0472	361	Applied For	
- Zip	Cou	Intry	Zp	Count	ry	6.	OF STATUS DESIRED	\$8.75 Ac	Iditional Fee required
7. Names and	Street Address	es of Each Officer or	d/or Director (Fig	rida nonprofit corpon	ations must list at lea	st 3 directors)			- West (Sp. 1987)
Title(s)	. —	Name of Officers and/or Directors			reet Address of Each fice: and/or Director		4	City / State / 2	Z(p
P TU			1025 BRIDLEWOOD WAY			BRANDON FL 3	3511		
V COLLINSWORTH, CONNIE B 1025 BRIDLEN				1025 BRIDLEWO	OD WAY		BRANDON FL 3:	3511	
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TA LINE OF							24/040103	30014	**1 <u>50.00</u>
!_	0. Name and	Accress of Curren	t Registered Age	nt		9. Name and A	ddress of New Re	pistored Agent	
	1				Name `				
COLLINSWORTH, CONNIE B 1025 BRIDLEWOOD WAY					Street Address (P.O. Box Number is Not Acceptable)				
BRANDON FL 33511			• •		Suite, Apt. #, Etc.				
					City	<del>_</del>		State Zip	Code
10. I. being app	ointed the regis	stered agent of the al	Dove fizmed corpo	ration, em familiar w	ith and accept the on	nigations of Sections	on 607.0505, F.S. or	<del></del>	
Signature of Registered Age:	nt_Go	nnie B	Colle REGISTERED AG	USWOU ENT MUST SIGN	H	.——	Date 2	- 13-0	04
this refrishere owed by the	ement application has cation is true ar	on, the reason for dis we been paid and thi ad accurate, and my	solution has been to names of individual signature shall hav	eliminated, the corporate state on this for ve the same legal eff	this application as prorate name satisfies to m do not qualify for a ect as if made under	the requirements an exemption und	ot section 607.0401	or 617.0401, F	S., that all fees
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SIGNATURE: COUNTY BUSINESSIGNING OFFICER OR DIRECTOR Date Daytom Phone #									

## Natural Woodscapes, Inc. 1025 Bridlewood Way Brandon, FL 33511

February 1, 2004

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

Re: Natural Woodscapes, Inc.

To Whom It May Concern:

I have received a notice from your office stating that my company was administratively dissolved. I now understand that there is an annual fee that must be paid to keep my corporation active in the state of Florida. Since this is a new corporation, I was unaware.

Prior to receiving this notice, I cannot remember ever receiving a bill or notice asking me to renew my corporation. Please understand, I am aware that ignorance is not an excuse, but I am learning as I go. I have hired an excellent accountant and he has explained my annual responsibilities to the State of Florida.

Attached you will find an Application for Reinstatement and a check for \$150.00. I understand that there is normally a sizeable penalty-for-not-filing in a timely-manner.—I would ask that you waive this fee and reinstate my corporation. I will be diligent in the future and I have put people in place to ensure that I do not make these mistakes again.

I would appreciate your notifying me of your decision and should I have to pay that penalty, I will do so immediately. Thank you for your efforts with this matter.

Respectfully,

Connie Collingsworth

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Vice President