

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

05 FEB 28 AM 8:13

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P0200011760

1. Corporation Name
KM LANDSCAPING INC

2. Principal Office Address
718 WILDWOOD

Suite, Apt. #, etc.

City & State
WINTER SPRINGS FLORIDA

Zip
32708

Country
USA

3. Mailing Office Address
PO BOX 521916

Suite, Apt. #, etc.

City & State
LONGWOOD FLORIDA

Zip
32752

Country
USA

REINSTATEMENT 63-05

4. Date Incorporated or Qualified
To Do Business in Florida 10/15/2002

5. FEI Number
57-1135113

Applied For
Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐ \$8.75 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name
KYLIE W MOORES

Street Address (P.O. Box Number is Not Acceptable)
718 WILDWOOD

Suite, Apt. #, Etc.

City
WINTER SPRINGS

State
FL

Zip Code
32708

400047932424
03/08/05--01031--005 ***458 00

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

REGISTERED AGENT MUST SIGN

Date 2/22/05

9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

| Titles | Name of Officers and/or Directors | Street Address of Each Officer and/or Director | City / State / Zip |
|--------|--------------------------------------|---|-------------------------|
| PD | KYLIE W MOORES | 718 WILDWOOD | WINTER SPRINGS FL 32708 |
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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 filing 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 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.

SIGNATURE

KYLIE W MOORES

2/22/05

Date

407-262-1195

Daytime Phone #

CR2E001 (01/05)

John L. Bradshaw, P.A.
CERTIFIED PUBLIC ACCOUNTANT

Member: A.I.C.P.A.
F.I.C.P.A.

February 23, 2005

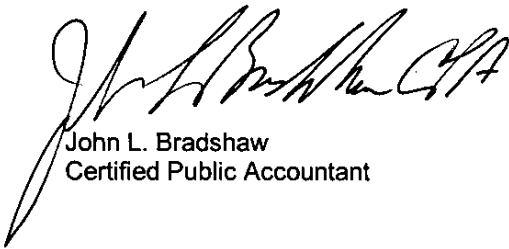
Florida Department of State
Division of Corporations
PO Box 6327
Tallahassee, Florida 32314

RE: KM Landscaping, Inc (P02000111760)

Dear Sirs:

Enclosed please find the Corporation Reinstatement application and payment in the amount of \$450.00 for the annual corporation fees for the year 2003, 2004 and 2005 for the listed company. My client is requesting waiver of any additional reinstatement fees on the basis that your office incorrectly entered his mailing address and no annual reports or the dissolution notice were ever received. Upon preparing his tax return in my office today we visited the Sunbiz website to complete his 2005 Annual report online and found the corporation was listed as dissolved.

Cordially,



John L. Bradshaw
Certified Public Accountant

CC: Kylie W Moores, President

Enclosures