## PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR → REINSTATEMENT



## FLORIDA DEPARTMENT OF STATE

Glenda E. Hood

Secretary of State

DIVISION OF CORPORATIONS 03 NOV 10 PH

FILED

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SECRETARY OF STATE TALLAHASSEE. FLORIDA

DOCUMENT # P	02000111947
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1. Corporation Name

AMERICAN LANDSCAPE & DESIGN, INC.

Principal Pla	ace of Busine	ess	Mailing Addr	ess			1				
		4771 BAYOU PENSAÇOLA	J BLVD. #139 3 FL 32503			REINSTATEMENT 03					
		incorrect in any way, line the					REINS	STATEN	MEN I	03	
2. New Principal Office Address, If Applicable 3. New Mailing Of			ing Office Add	Office Address, If Applicable			4. Date Incorporated or Qualified To Do Business in Florida				
Suite, Apt. #, etc. Suite, Apt. #, e			etc.			10/21/2002  5. FEI Number Applied For					
City & State City & State		City & State					74774	<u> </u>	- Not Applicable		
Zip	Zip Country Zip		Country			6. CERTIFICATE OF STATUS DESIRED S8.75 Additional Fee required for a Certificate of Status					
7. Names a	7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)										
Title(s)	2	Name of Officers and/or Directors				t Address of Each er and/or Director		<b>4</b>	City / State / Zip		
Bullet Michael FortiNbER			RY			ican DR					
President				Pensacola FL 32			504				
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	8. Nam	e and Address of Current	Registered Age	ent .	<del></del>		9. Name and	Address of New Re	aistered Age	nt	
					Name				: · ·		
MICHAEL, FORTINBERRY D 4771 BAYOU BLVD. #139			1	Street Address (P.O. Box Number is Not Acceptable)							
PENSACOLA FL 32503				Suite, Apt. #, Etc.							
City				City		<u> </u>	State Z	ip Code			
	appointed the	e registered agent of the ab	ove named corpo	oration, am fan	niliar with	and accept the ob	oligations of Secti	on 607,0505, F.S. o	r 617.0505, F.	S.	
Signature of Registered A		107 JA	-	<u>. Bid</u>	<b>D</b> [U]	31113		Date 4No	sv03		
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11. I certify t	hat I am an c	officer or director or the rece	iver or trustee en	npowered to e	xecute this	s application as p	rovided for in cha	pter 607 or 617, F.S	S. I further cert	ify that when filing	

11. 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4NOVO3

Daytime Phone #



4771 Bayou Blvd. #139 Pensacola, Florida 32503 850-292-8080

November 6, 2003

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

Dear Sir or Madam:

there was a mistake, possibly on my end. I do not believe that I received the UBR report in the mail. If I did, I misplaced it or lost it. As a first year small business owner I try hard to keep up with these things so I really do not think that I got it. I have enclosed the application for reinstatement and the reinstatement fee. I apologize for not getting things straight this first year, but you have my assurance I will make sure to be timely with my paperwork in the future.

Sincerely

Michael Fortinberry

President