


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

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**CORPORATION REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

**FILED**

06 FEB 13 PM 4:51

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P02000135496

1. Corporation Name  
Scott's Lawn & Landscaping, Inc.

2. Principal Office Address  
1992 East CR 462

3. Mailing Office Address  
1992 East CR 462

Suite, Apt. #, etc.

City & State  
Wildwood Florida

City & State  
Wildwood Florida

Zip Country  
34785 USA

Zip Country  
34785 USA

100066381661  
02/22/06--01020--028 \*\*450.00  
CR2E081 (12/05)

4. Date Incorporated or Qualified To Do Business in Florida  
12/30/2002

5. FEI Number  
651171071

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  
Alice Scott

Street Address (P.O. Box Number is Not Acceptable)  
9208 CR 241

Suite, Apt. #, Etc.

City  
Wildwood

State Zip Code  
FL 34785

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 Alice J. Scott Date 2/12/06

REGISTERED AGENT MUST SIGN

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
<u>P/ST</u>	<u>Michael T. Scott</u>	<u>1992 East CR 462</u>	<u>Wildwood / FL / 34785</u>
			<u>TB 2/13/06</u>
			<u>02-13-06</u>

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 contained in Chapter 119, 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: Michael T. Scott Date 02-13-06 Daytime Phone # (352) 748-3444

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

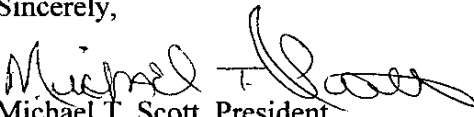
February 13, 2006

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

To Whom It May Concern:

Please accept this letter as a request for consideration of a waiver of the reinstatement fee. To my knowledge, I did not receive the annual report notices for 2004. I enjoy doing business in Florida and understand the importance of compliance in order to continue doing business. I have a small business and during the formative years, I depended on various persons for administrative support. I have since corrected this business practice. Any and all consideration given to waiving the reinstatement fees is greatly appreciated. Should you have any questions or concerns, please do not hesitate to contact me at (352)461-9268.

Sincerely,

  
Michael T. Scott, President  
Scott's Lawn & Landscaping