

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

06 MAR -6 PM 12:48

FLORIDA DEPARTMENT OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P03000052589

1. Corporation Name

GRAHAM LANDSCAPE CORPORATION

2. Principal Office Address

2702 GRANDVIEW PLACE

Suite, Apt. #, etc.

City & State

BRANDON, FL

Zip
33511

Country
USA

3. Mailing Office Address

P O BOX 3396

Suite, Apt. #, etc.

City & State

BRANDON, FL

Zip
33509

Country
USA

000067932060
03/16/06--01003--003 **450.00

CR2E081 (12/05) 04-06

4. Date Incorporated or Qualified
To Do Business in Florida 05/13/2003

5. FEI Number
58-2669933

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
ANNA M GRAHAM

Street Address (P.O. Box Number is Not Acceptable)
2702 GRANDVIEW PLACE

Suite, Apt. #, Etc.

City
BRANDON, FL

State
FL

Zip Code
33511

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

Anna M Graham

REGISTERED AGENT MUST SIGN

Date 02/09/2006

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
PTD	DANIEL GRAHAM	2702 GRANDVIEW PLACE	BRANDON, FL 33511
S	ANNA M GRAHAM	2702 GRANDVIEW PLACE	BRANDON, FL 33511

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:

Anna M Graham

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

02/09/2006

Date

Daytime Phone #

282

ITS CENTER, INC.
INCOME TAX SERVICE

15145 SHAW RD
TAMPA FL 33625

TEL: 813 960-5334
FAX: 813 265-2457

February 10, 2006

Florida Dept of State
Division of Corporation

Document #: P03000052589
Graham Landscape Corporation

Please be advised that the above mentioned corporation did not receive the annual report notices for the year 2004 and 2005. The corporation was established in 5/13/2003. The owners were not aware of the annual renewal of the corporation. They only learned about it when they approached us to handle their financial reporting.

Attached you will find a check for \$300.00. We ask you kindly to reinstate this corporation. Kindly waive any penalty you may impose into this corporation.

Your help is greatly appreciated.



Samia Wahba
Accountant

ITS CENTER, INC.
15145 SHAW RD.
TAMPA, FL 33625
(813) 960-5334