
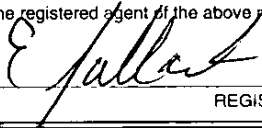
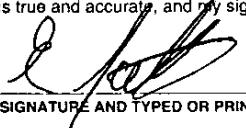


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT 2008 AR		 FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS		FILED SECRETARY OF STATE DIVISION OF CORPORATIONS 08 MAY -8 PM 2:44	
DOCUMENT # p04000129998					
1. Corporation Name E-2 Landscaping of Central Florida, INC					
2. Principal Office Address 2341 Center St <small>Suite, Apt. #, etc.</small>			3. Mailing Office Address 2341 Center St <small>Suite, Apt. #, etc.</small>		
City & State Sanford, FL		City & State Sanford, FL		4. Date Incorporated or Qualified To Do Business in Florida	
Zip 32771	Country U.S.	Zip 32771	Country U.S.	5. FEI Number 05-0599519	
6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/>				Applied For Not Applicable	
7. Name and Address of Current Registered Agent					
Name Erika Tolbert					
Street Address (P.O. Box Number is Not Acceptable) 2341 Center St					
Suite, Apt. #, Etc. S					
City Sanford, FL 32771				State FL	Zip Code 32771
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 				Date 4/30/08	
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		
President	Erika Tolbert	2341 Center St	Sanford, FL 32771		
President	Zachary Martin	2341 Center St	Sanford, FL 32771		
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: 				Date 4/30/08	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR				Daytime Phone #	