



2005 FOR PROFIT CORPORATION REINSTATEMENT

1063

DOCUMENT # P04000139268 1. Entity Name FISHER'S LANDSCAPE NURSERY, INC.					
Principal Place of Business 15835 SR 50 CLERMONT, FL 34711			Mailing Address 15835 SR 50 CLERMONT, FL 34711		
2. Principal Place of Business 11631 C.R. 561		3. Mailing Address 11631 C.R. 561			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State Clermont FL		City & State Clermont FL		4. FEI Number	
Zip 34711		Country USA		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required			
6. Name and Address of Current Registered Agent JORDAN, EDWARD P ESQ 1460 EAST HWY 50 CLERMONT, FL 34711			7. Name and Address of New Registered Agent Name JORDAN, EDWARD PESQ Street Address (P.O. Box Number is Not Acceptable) 6004 N. Highway 27 City Minneapolis FL Zip Code 34715		
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE 		EDWARD P. JORDAN, II.		DATE 11/18/05	
Signature, typed or printed name of registered agent and title if applicable.		(NOTE: Registered Agent signature required when reinstating)		DATE	
FILE NOW!!! FEE IS \$150.00 After January 1, 2006, Fee will be \$300.00			In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D FISHER, RICHARD L 15835 SR 50 CLERMONT, FL 34711 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	FISHER, RICHARD L 11631 C.R. 561 Clermont FL 34711 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D FISHER, SAVATRI 15835 SR 50 CLERMONT, FL 34711 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	FISHER, SAVATRI 11631 C.R. 561 Clermont FL 34711 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.					
SIGNATURE: 			RICHARD L FISHER		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date 11/18/05 Days/My Phone # 352-241-4394		

FILED
05 NOV 28 AM 11:44
SECRETARY OF STATE
TALLAHASSEE, FLORIDA



10262005 REIN-P CR2E098 (6/04)

REINSTATEMENT 05

T. Roberts NOV 28 2005

000061764080
11/29/05--01073--010 **150.00

IMPORTANT INSTRUCTIONS

- Make check payable to Florida Department of State.
Check must be payable in United States Funds and through a United States Bank.
- Submit report with a separate check for each filing.
- Changes must be typed or printed in ink and legible.
- Sign report in blocks 8 & 12.
- * The fee to reinstate without penalty is \$150.00, if submitted after Jan. 1, an additional \$150.00 will be due. If a certificate of status is desired, please add an additional \$8.75.
- * Please complete block 4 by providing your Federal Employer Identification (FEI) number or check the appropriate box.

- Block 1. Block 1 contains the name, document number, mailing address and principal place of business last reported to our office. You cannot change the name on this form. You must file an amendment to change the name. For amendment information, call (850) 245-6050, or download forms at www.sunbiz.org.
- Block 2 & 3. If the principal place of business address in Block 1 is incorrect, enter the correct address in Block 2. If the preprinted mailing address in Block 1 is incorrect, enter the new mailing address in Block 3. A Post Office Box is acceptable.
- Block 4. If blank, complete Block 4 by entering your Federal Employer Identification (FEI) number or checking either applied for or not applicable. FEI numbers are not assigned by the Division of Corporations. For assistance with FEI numbers, call the IRS at (800) 829-1040.
- Block 5. Should you desire a certificate reflecting your entity's status after the filing of this report, check the BOX in Block 5 and include an additional \$8.75 with your filing fee.
- Block 6. The law requires that each entity have a Registered Agent with a Florida street address. If the information in Block 6 is incorrect, enter the correct information in Block 7. There is no additional fee to change the Registered Agent on this form.
- Block 7. If a new Registered Agent has been appointed, enter the new agent's name and/or address in box 7. This must be a Florida Street address. A P.O. Box or mail service (PM8) is NOT acceptable for service of process. A CORPORATION CANNOT SERVE AS ITS OWN REGISTERED AGENT; however, a principal of the corporation can.
- Block 8. The Registered Agent must accept the obligations and this appointment by completing and signing in Block 8. If the Registered Agent is a different entity, the person signing must state their position with the entity. **NOTE: Registered agent signature required when reinstating unless Chief Financial Officer is pre-printed.**
- Block 10. Block 10 contains the officers/directors last reported to our office. If blank, you must list the name and address of all officers/directors in Block 11. **Please do not make any marks in Block 10 unless deleting an officer;** corrections or additions are to be made in Block 11.
- Block 11. Block 11 is for changes or additions to the existing Officers/Directors in Block 10. Changes must be typed or printed and legible. List all officers/directors. Attach a separate sheet if necessary. Use the following type symbols on the title line: *P=President; V=Vice President; T=Treasurer; S=Secretary; D=Director; C=Chairman; M=Managing Director. If a person holds more than one position, enter all positions, e.g., S/D; V/S; V/T/D.* **NOTE: A DIRECTOR MUST BE A NATURAL PERSON 18 YEARS OF AGE OR OLDER.** **NOTE: If officer or director's address is confidential pursuant to Section 119.07(3)(i), Florida Statutes, an alternate address must be provided. Officers/Directors must provide an address. Florida Statutes require a physical address be given. The provision of a post office box in Block 10, 11 or on an attachment is an affirmation under oath that no other address is available.**
- Block 12. **This report must be signed in Block 12 with an original signature by an officer/director of the entity that is listed in Block 10, Block 11 if a change, or on an attachment. If the entity is in the hands of a receiver, it must be signed by the trustee or receiver. A signature placed on an attachment in lieu of placement in Block 12 is unacceptable.**

Mail completed reinstatement to:

Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Courier Address: (overnight delivery)
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

Questions?

Phone: (850) 245-6056
Hearing/Voice Impaired may call (850) 245-6096 (TDD)

INFORMATION REGARDING RETURNED CHECK

If the check submitted with this report is returned by a bank for any reason, the report will be cancelled and considered not filed. The Department of State will dissolve/revoke the entity if a replacement payment with service charge and report are not resubmitted within the prescribed time frame.

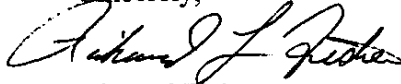
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copy of the 2005 report I would have timely responded to the same; however, I never received the report. Likewise, my lawyer did not receive a report.

I respectfully request that your office waive the late fee and consider my report timely filed.

I have made my statements herein based on my personal knowledge and affirmatively state that all my statements contained herein are true and correct and based on my personal knowledge.

Sincerely,



Richard Fisher
President/Director

STATE OF FLORIDA :
COUNTY OF LAKE :

BEFORE ME, personally appeared Richard Fisher, who after being duly sworn according to the law, deposes and states that he is the President and Director of Fisher's Landscape Nursery, Inc. and that he has the actual, implied and apparent authority to execute the foregoing letter on behalf of the Corporation and bind the Corporation to the terms thereof and that she has executed the foregoing letter and attests, affirms, swears and acknowledges that the statements contained therein are true and correct based on his personal knowledge.




Notary of Public

2083

October 17, 2005

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

RE: Fisher's Landscape Nursery, Inc.
2005 Annual Report

To Whom It May Concern:

I am the President of Fisher's Landscape Nursery, Inc., which is a corporation formed on October 7, 2004, and assigned document number P04000139268 ("the Corporation"). I am also a director and shareholder of the Corporation.

Earlier this month I learned that the Corporation did not timely file its Annual Report for 2005 and that, due its failure to file the annual report, an additional fine is being imposed and the Corporation dissolved. For this reason I am writing requesting a waiver of the fine, and for the Corporation to be reinstated, for the following reason:

The Corporation did not receive any notice of renewing its Annual Report. I did, however, receive a Notice of Intent to Dissolve on June 30, 2005. Following this on July 7, 2005 my secretary sent off the attachment on this postcard requesting the form to be sent to us in the mail, as we terminated our access to the internet because of an identity theft problem we had been experiencing. The form to renew the Annual Report was never received and I did not hear anything else until I received the Division of Corporation's "Notice of Dissolution or Revocation" postcard, which arrived on October 7, 2005. Therefore, I did not receive the original annual report from the Secretary of State, nor the one I requested on July 7, 2005 and only learned of the non-filing when meeting with my attorney to update our minute book. I am enclosing the filing fee of \$61.25 together with the Supplemental fee of \$88.75; making a total of \$150.00 for the 2005 annual report. Had I received a