

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

**FILED**

09 OCT 19 AM 8:21

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # PO7000016729

1. Corporation Name

ZENSCAPING, INC.

2. Principal Office Address - No P.O. Box #

6424 44<sup>th</sup> Ave E

Suite, Apt. #, etc.

3. Mailing Office Address

6424 44<sup>th</sup> Ave E

Suite, Apt. #, etc.

City & State

BRADENTON, FL

Zip Country

34203

City & State

BRADENTON, FL

Zip Country

34203

4. Date Incorporated or Qualified To Do Business in Florida

2-6-2007

5. FEI Number

20-8568188

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

Jason M. Sexton

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

6424 44<sup>th</sup> Ave E

Suite, Apt. #, Etc.

City BRADENTON

State

FL

Zip Code

34203

The reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the reinstatement fee be waived.

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

REGISTERED AGENT MUST SIGN

Date 10-13-2009

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.</u>	<u>JASON SEXTON</u>	<u>6424 44<sup>th</sup> Ave E</u>	<u>BRADENTON, FL 34203</u>

**REINSTATEMENT**

**RH**

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

10/13/2009

Daytime Phone #