PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM. FLORIDA DEPARTMENT OF STATE **APPLICATION** Sandra B. Mortham FILED **FOR** Secretary of State REINSTATEMENT DIVISION OF CORPORATIONS 98 MAR 11 AM 7:59 DOCUMENT # P94000004558 (0) SECRETATY OF STATE TALLAHAGSLE, FLORIDA 1. Corporation Name D.C. Pfeiffer Landscape & Construction, Inc. Principal Place of Business Mailing Address 87380 Overseas Hwy. 87380 Overseas Hwy. Islamorada, Fl. 33036 Islamorada, F1. 33036 If above addresses are incorrect in any way, line through incorrect information and enter correction below. 2. New Principal Office Address, If Applicable 3. New Mailing Office Address, If Applicable Date Incorporated or Qualified To Do Business in Florida 87380 Overseas Hwy 87380 Overseas Hwy. Suite, Apt. #, etc. 1-10-1994 5. FEI Number Applied For City & State City & State Not Applicable 65-0465197 Islamorada, F1.
Zio Country Islamorada. \$8.75 Additional Fee required CERTIFICATE OF STATUS DESIRED for a Certificate of Status 33036 7. Names and Street Addresses of Each Officer and/or Director. (Florida nonprofit corporations must list at least 3 directors) Name of Officers Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers) and/or Directors City / State / Zip DP David C. Pfeiffer 87380 Overseas Hwy Islamorada, Fl. 33036 500002455895--4 -03/12/98--01109--005 ****900.00 ****900.00 REINSTATEMENT_ 8. Name and Address of Current Registered Agent 9. Name and Address of New Registered Agent Name David Pfeiffer Street Address (P.O. Box Number is Not Acceptable) David Pfeiffer 87380 Overseas Hwy. 87380 Overseas Hwy. Islamorada, Fl. 33036 Zip Code **Islamorada** 33036 10. I, being appointed the system age of the corporation, am familiar with and accept the obligations of Section 607.0505, F.S. David C. Pfeiffer Signature of Registered Agent EXISTERED AGENT MUST SIGN 11. This corporation owes of has paid the current year (See other side for information on intangible tax.) Intangible Personal Property tax due June 30. لعا Yes 12. 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 filling 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.

Daytime Phone #

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR