|  |   | PLEASE READ                   | ALL INST  | RUCTIONS  | BEFORE (       | COMPLET  | ING THIS FOR                           | <br>M.          |  |
|--|---|-------------------------------|---|---|----------------|--|--|-----------------|--|
| APPLICATION FOR REINSTATEMENT FLORIDA DEPARTMENT OF STATI Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS  |   |                               |   |   |                |  |  |                 |  |
| DOCUMENT # P9400005935   |   |                               |   |   |                | 98 MAR 12 AM 10: 33  |  |                 |  |
| 1. Corporation Name  GREEN MAGIC LAWN CARE, INC.   |   |                               |   |   |                | SECRETARY OF STATE TALLAHASSEE, FLORIDA  |  |                 |  |
| Principal Place of Business Mailing Address  |   |                               |   |   |                |  | IALLANASSEE,                           | FLURIDA         |  |
| 409 TURNSTONE WAY<br>ORLANDO FL 32828  |   |                               | P. O. BOX 720990<br>ORLANDO FL 32872-0990<br>US |   |                |  |  |                 |  |
|  |   |                               |   |   |                | REINSTATEMENT 97-98  |  |                 |  |
| New Principal Office Address, If Applicable 3.   |   |                               |   | New Mailing Office Address, If Applicable   |                |  | orated or Qualifled<br>less in Florida | 01/25/1994      |  |
| Sulte, Apt. #, etc.  |   |                               | Suite, Apt. #,                                  | etc.  |                | 59-3221116 Applied For Not Applicable  |  |                 |  |
| Zip Country  |   |                               | Zip Country                                     |   | у              | 6. CERTIFICATE OF STATUS DESIRED  \$8.75 Additional Fee required for a Certificate of Status |  |                 |  |
| 7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)  |   |                               |   |   |                |  |  |                 |  |
| Title(s) Name of Officers and/or Directors 2   |   |                               |   | Street Address of Each<br>Officer and/or Director<br>3 (Do NOT Use Post Office Box Nu |                |  | imbers) 4 City / State / Zip           |                 |  |
| P  | RODRIGUEZ, EDWARD A                             |                               |   | 409 TURNSTONE WAY   |                |  | ORLANDO FL 32828 ( ) 3 12 (10)         |                 |  |
|  |   |                               |   |   |                |  |  |                 |  |
|  |   |                               |   |   | 600002458966 9 |  |  |                 |  |
| ***  |   |                               |   |   |                |  | -03/17/9801025016                      |                 |  |
| :  |   |                               |   |   |                |  | ************************************** | 10 ****900.00   |  |
|  |   |                               |   |   |                |  |  |                 |  |
| f_   | 8. Name and Address of Current Registered Agent |                               |   |   |                |  | ddress of New Register                 | ed Agent        |  |
| AMERILAWYER CHARTERED Edwar  |   |                               |   |   |                | . 0 0 1 -  |  |                 |  |
| 343 ALMERIA AVENUE  COBAL GABLES FL 33134  Suite, Apt. #, Et   |   |                               |   |   |                |  |  |                 |  |
|  |   |                               |   |   |                |  | T Si                                   | tate   Zip Code |  |
| 10. I, being   | appointed the                                   | e registered agent of the abo | ove named corpo                                 | ration, am familiar w   | City r/aud     | bligations of Section  | F                                      | L 32828         |  |
| Signature of Registered Agent Laward A Foliagain Date 3/10/98  REGISTERED AGENT MUST SIGN  |   |                               |   |   |                |  |  |                 |  |
| 11. This corporation owes or has paid the current year Intangible Personal Property tax due June 30. Yes V No (See other side for information on intangible tax.)  |   |                               |   |   |                |  |  |                 |  |
| 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. |   |                               |   |   |                |  |  |                 |  |

3/10/98 Date

SIGNATURE: