

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

SECRETARIAL FILED
DIVISION OF CORPORATIONS
97 JUN -6 AM 10:48

DOCUMENT # P94000029694

1. Corporation Name
AFFORDABLE LANDSCAPING ENTERPRISES, INC.

Principal Place of Business
2239 OPAL DR
ORLANDO FL 32822

Mailing Address
2239 OPAL DR
ORLANDO FL 32822
US



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
4. Date Incorporated or Qualified To Do Business in Florida 04/18/1994
5. FEI Number 59-3252380
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	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	City / State / Zip
D/P	PRIEST, BILL	2239 OPAL DR	ORLANDO FL 32822

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REINSTATEMENT 96-97

JUN 9 1997

8. Name and Address of Current Registered Agent
RIGBY, BARRY W
218 ANNIE ST
ORLANDO FL 32806

9. Name and Address of New Registered Agent
Name: BILL PRIEST
Street Address (P.O. Box Number is Not Acceptable): 2239 OPAL DR
Suite, Apt. #, Etc.
City: ORLANDO State: FL Zip Code: 32822

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.
Signature of Registered Agent: [Signature] Date: 6-1-97
REGISTERED AGENT MUST SIGN

11. Does this corporation pay any intangible tax to the Dept. of Revenue under S. 199.032, Florida Statutes. Yes 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 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: [Signature] SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
Date: 6-1-97 Daytime Phone #: (407) 249-2012

CR2E040 (7/96)