PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT

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

FILED
00 JUN -9 AM 10:08
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P94000077767

1. Corporation Name

BEST LANDSCAPING, INC.

Principal Place of Business	Mailing Address

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
3652 N ANDREWS AVE.	3652 N ANDREWS AVE
Suite, Apt. #, etc.	Suite, Apt. #, etc.
FT. LAUDERDALE FL	FT LAUDERDALE
Zip 33309 Country USA	Zip Country

4. Date Incorporated or Qualified To Do Business in Florida: 10/24/1994

5. FEI Number: 65-0530494 ☐ Applied For ☐ Not Applicable

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)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
DP	ANDERSON, LYNN	3316 NE 18 STREET	FT. LAUDERDALE FL 33305
VP	BLOCK, MICHAEL	830 NE 18 ST	FT LAUDERDALE FL 33305

100003312891--8
-07/05/00--01058--026
****673.75 ****673.75

REINSTATEMENT 400.00

8. Name and Address of Current Registered Agent

ANDERSON, LYNN
3316 NE 8 STREET
FT. LAUDERDALE FL 33305

9. Name and Address of New Registered Agent

Name: ANDERSON LYNN
Street Address (P.O. Box Number is Not Acceptable): 3316 18 STREET
Suite, Apt. #, Etc.: 100003312891--8
-07/05/00--01058--027
****400.00 ****400.00
City: FORT LAUDERDALE State: FL Zip Code: 33305

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: Lynn McCarthy Anderson Lynn McCarthy Anderson Date: 6/5/00
REGISTERED AGENT MUST SIGN

11. This corporation owes or has paid the current year Intangible Personal Property tax due June 30. 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 provided on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.

SIGNATURE: Lynn McCarthy Anderson 6/5/00
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #