PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED

02 APR 10 AM 10: 54

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P94000092168

REINSTATEMENT 98-02

1. Corporation Name

Tidewater Landscape Management of Florida, Inc

2. Principal Office Address
9506 Hood Road

Suite, Apt. #, etc.

City & State
Jacksonville FL

Zip
32241

Country

3. Mailing Office Address
P.O. Box 56783

Suite, Apt. #, etc.

City & State
Jacksonville FL

Zip
32241

Country

4. Date Incorporated or Qualified To Do Business in Florida 1-1-95

5. FEI Number 59-3293375

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
CARLOS HART

Street Address (P.O. Box Number is Not Acceptable)
9506 Hood Road

Suite, Apt. #, Etc.

6000054493356---8
-05/03/02--01021--025
1350.00--1350.00

City
Jacksonville

State
FL

Zip Code
32241

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 Carlos Hart

REGISTERED AGENT MUST SIGN

Date 03-29-02

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
D	Eddie W. Deloach	1329 Heidt Ave	Garden City GA 31408
D	James M. Deloach Jr.	1329 Heidt Ave.	Garden City GA 31408

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 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: Eddie W. Deloach   5-26-02   904-292-9869

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #

CR2E081 (9/01)