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			MPLETING THIS FO	RM.	
APPLICATION	FLORIDA DEPARTMENT OF STA		APPROVED		
FOR	Secretary of State				
REINSTATEMENT DIVISION OF CORPORATIONS		PRATIONS		r o	
DOCUMENT # P9500008004			98 NOV 19 PH 1:	58	
1. Corporation Name			SECRETARY OF STA	E	
The Landscape Company Principal Place of Business Mailing Address			TALLAHASSEE, FLOR	IDA	
Principal Place of Business Mailing Address 73B Chi vas Lane POBOL 2100			.		
15 5			in FIFE Course to adapte to the first	a see Oo	
32499 22479			EINSTATEWE	NI B	
If above addresses are incorrect in any way, line through incorrect information and enter correction below.					
New Principal Office Address, If Applicable 3. New Mailing Office Address, If A		Applicable	Date Incorporated or Qualified To Do Business in Florida	121/05	
Suite, Apt. #, etc.	Suite, Apt. #, etc.		5. FEI Number	Applied For	
City & State	City & State		59 33 18 6 9 5	Not Applicable	
Zip Country	Zip Countr	ry `	CERTIFICATE OF STATUS DESIRED	\$8.75 Additional Fee required for a Certificate of Status	
7. Names and Street Addresses of Each Officer and/o			3 directors)		
Title(s) Name of Officers and/or Directors	l Of	reet Address of Each fficer and/or Director se Post Office Box Nun	nbers) 4	ty / State / Zip	
2 1 6 1	11 73BC	hivas ha ardsabl	3	0 =	
the Kris Silrada	Ki SANT	arosabl		AROSA Beach	
		32	2459 710N	Q 15 3 745Q	
			<u>2000026:</u>	951058	
			-11/24/90 ****758	301033011 .75 ****758.75	
				77000	
				(1)	
8. Name and Address of Current Registered Agent			. Name and Address of New Regist	ered Agent	
Name			(86)		
CT CORPORAtion 1200 S Pine ISIA	Street Address (P.O. Box Number is Not Acceptable) Suite. Aot. #. Etc.				
Plantation, 21. 33324		Suite, Apt. #, Etc.		5	
		City		State Zip Code	
10. I, being appointed the registered agent of the abov	e named corporation, am familiar wi	ith and accept the oblig	ations of Section 607.0505, F.S.		
Signature of Registered Agent Lonie Buy	GOWNIE BRYAK SPECIAL ASSISTANT DISTERED AGENT MUST STANT	SECRETARY	Date	11/17/98	
11. This corporation owes or has paid the current year Intangible Personal Property tax due June 30. Yes No					
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.					
I NOW.					
SIGNATURE: \$\(\mathbb{N}\mathbb{N}\mathbb{N}\) \\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \					
SIGNARURE AND THEO OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # Kris Signarure And Aki					