

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT OF 1997 ANNUAL REPORT

FLORIDA DEPARTMENT OF STATE  
B. Morthe  
Secretary of State  
DIVISION OF CORPORATIONS

**97 AR**

**FILED**  
97 MAY -1 AM 8:18  
SECRETARY OF STATE  
TALLAHASSEE FLORIDA

DOCUMENT # P95000014705

1. Corporation Name  
HUGHES LANDSCAPE DESIGN, INC.  
8345 Dillman Road  
West Palm Beach, FL 33411

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  
8345 Dillman Road  
Suite, Apt. #, etc.

3. New Mailing Address, If Applicable  
Stahl & Associates PA  
138 North Swinton Ave  
City & State  
Delray Beach, FL  
Zip  
33444

City & State  
West Palm Beach, FL  
Zip  
33411

Country  
Palm Bch

DO NOT WRITE IN THIS SPACE

4. Date Incorporated or Qualified To Do Business In Florida  
Last Report 8/28/96  
2/21/95

5. FEI Number 65-0740365

Applied For Not Applicable

6. CERTIFICATE OF STATUS DESIRED  \$875 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/S/T	David Scott Hughes	8345 Dillman Road	West Palm Beach, FL 33411

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

Name  
David Scott Hughes  
Street Address (P.O. Box Number is Not Acceptable)  
8345 Dillman Road  
Suite, Apt. #, Etc.

City  
West Palm Beach

State  
FL

Zip Code  
33411

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 *David S. Hughes* REGISTERED AGENT MUST SIGN Date 4-16-97

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 do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I release the Division of Corporations from any liability of non-compliance with Section 119.07(3)(k) in the event that the information supplied is deemed exempt from public access. 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., and that all fees owed by the corporation have been paid. 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: *David S. Hughes* 4-16-97 561-312-8441

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

CR2E046 (12/95)