PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

| CORPORATION REINSTATEMENT | FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS | FILED 05 NOV 21 PM 10: 20 SECRETARY OF STATE TALLAHASSEE, FLORIDA |

DOCUMENT # P96000034163

1. Corporation Name

Custom Landscape Services Inc.

REINSTATEMENT 4 05

2. Principal Office Address	**3.** Mailing Office Address	**4.** Date Incorporated or Qualified To Do Business in Florida
11288 54th St. North	P.O. Box 541963	
Suite, Apt. #, etc.	Suite, Apt. #, etc.	**5.** FEI Number 65-0711198	Applied For / Not Applicable
City & State Royal Palm Beach, FL	City & State Lake Worth, FL	
Zip 33411	Country USA	Zip 33454	Country USA	**6.** CERTIFICATE OF STATUS DESIRED ☐	$8.75 Additional Fee required for a Certificate of Status

7. Name and Address of Current Registered Agent

Name Douglas G. Puhl

Street Address (P.O. Box Number is Not Acceptable)
11288 54th Street North

Suite, Apt. #, Etc.

| City Royal Palm Beach | State FL | Zip Code 33411 |

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 _____ REGISTERED AGENT MUST SIGN   Date 11/15/05

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
DPST	Douglas G. Puhl	11288 54th Street North	Royal Palm Beach FL 33411
V	Douglas G. Puhl	11288 54th Street North	Royal Palm Beach, FL 33411
			1 00061603851 11/21/05--01040--017 **900.00

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: _____   11/15/05   (561) 662-1162
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #