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PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

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| | 1 LL | AGE READ | WEL INSTR | OCTIONS BI | | | | FURIM. | , •, | |
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| | RPORATION NSTATEMENT | | K a Se | EPARTMENT On the rine Harris Cretary of State ON OF CORPORATION | PF STATE | ECRETAL SIGN OF | ILED RY OF STA CORPORA 5 PM 4: | 1 E F10 N S 0 0 | · | |
| DOC 1. Corpor | UMENT # | P9600 | 00 47 | 420 | | | | | | |
| LI | oyds Law | n + Land | sc.pe Me. | itérance I | ~C | | | 4 | SR | |
| 2. Principal Office Address | | | 3. Mailing Office Address 1007 SES C+ | | | 97-02 | | | | |
| Suite, Apt. #, etc. | | | Suite, Apt. #, etc. | | | 4. Date incorporated or Qualified (| | | | |
| City & State | e | | City & State | | | To Do Business in Florida 6-4-1996 | | | | |
| Delray Bel Fle | | | Vce: Field Bch F/c | | | 5. FEI Number Applied For Not Applicable | | | | |
| 334 | 1 | S A | 33441 | | 9 | 6. CERTIFICAT | E OF STATUS DES | | tional Fee required | |
| | | | 7. Nam | e and Address of Cu | rrent Register | ed Agent | · · · · · · · · · · · · · · · · · · · | | - | |
| | Name Bill Chyd Willia Chyd 500052816 6-E | | | | | | | | | |
| | Street Address (P.O. Box Number is Not Acceptable) | | | | | | | | | |
| | 1007 SE S C+ Suite, Apt. #, Etc. ****915.00 *****91 | | | | | | | | ****915.00 | |
| | City | Full Bel | | | | | <i>(</i>) il '. | Code | - | |
| 8. I, being | | | | on, am familiar with and | d accept the ob | ligations of secti | | 33441 17.0503 FS | Ę | |
| Signature of Registered / | f / | 00 | M GISTERED AGENT | | | | Date | -7-02 | CR2E081 (9/04) | |
| 9. Names | and Street Addresses | of Each Officer and/ | or Director (Florida | nonprofit corporations | must list at lea | st 3 directors) | · | | | |
| Titles | Name of Street Address of Eac Officers and/or Directors Officer and/or Directors | | | | | | | | | |
| Dwer | Bill Cloyd 1007 | | | in St 5 c | SE 5 CF | | | Decifical But FL 33441 | | |
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| owed by | statement application, the corporation have application is true and | been paid and the na | ution has been elimi mes of individuals l | ered to execute this an inated, the corporate n isted on this form do n e same legal effect as | name satisfies th of qualify for an | ne requirements | of section 607.04 er section 119.07(| 01 or 617.0401, F.S., 3)(i), F.S. The informa | that all fees tion indicated | |
| JIGHAT | | AND TYPED OR PRINT | ED NAME OF SIGNIF | G OFFICER OR DIRECT | TOR | J 170 | Date S | 061 271-57 Daytime Phone | | |

Lloyd's Lawn and Landscape Maintenance, Inc.

2012

7777 Homrich Lane Delray Beach, FL 33446 Phone: (561) 875-8503

Fax: (561) 875-8571

March 7, 2002

To Whom It May Concern:

My company, Lloyd's Lawn and Landscape Maintenance, Inc, was officially incorporated on June 6, 1996 under FEI Number 65-0677799. According to the States records, my company was dissolved in 1997.

When I was informed that my corporation was dissolved in 1997, I phone The Florida Department of State to inquire of the status of my corporation. It was then that I was told that the 1997 notification to renew my corporation was not received at my company's mailing address and was returned to the State as not-deliverable. I was never contacted by the State had received the returned mail.

I have enclosed a check for \$915.00, the required fee listed on the Florida Department of State Corporation Reinstatement Form, to reinstate the corporation of Lloyd's Lawn and Landscape Maintenance, Inc. from date it was dissolved in 1997.

Thank you,

Bill Lloyd

President, Lloyd's Lawn and Landscape Maintenance, Inc.