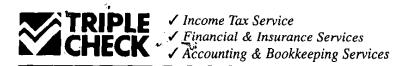
PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

	RPORATION NSTATEMENT 02-03	FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS	SECRETARY OF STATE TALLAHASSEE, FLORIDA
1. Corpo	UMENT # P9600005 ration Name OSCAPE SERVICES, IN		
P.O. BOX 8246 P.O. E		3. Mailing Office Address P.O. BOX 8246 Suite, Apt. #, etc.	- 300022165283 08/86/0301029027 **150.00
City & State City & State		City & State	4. Date Incorporated or Qualified To Do Business in Florida JULY 8, 1996
		JACKSONVILLE, FL	5. FEI Number         Applied For           59-3389609         Not Applicable
32239	1 '	32239 DUVAL	CERTIFICATE OF STATUS DESIRED S8.75 Additional Fee required for a Certificate of Status
Signature Registered	of dagent Circleam A	eve named confloration, am familiar with and accept the second se	Date 7-23-03
Titles	Name of Officers and/or Directors	Street Address of E	ach
DPT	ALLEN, WILLIAM S.	3540 HERMITAGE RD.	E. JACKSONVILLE, FL 32277
DVP	ALLEN, SCOTT L.	3540 HERMITAGE RD.	E. JACKSONVILLE, FL 32277
DS '	ALLÈN, ERIC C.	3540 HERMITAGE RD. E	JACKSONVILLE, FL 32277
this re owed	einstatement application, the reason for dis- I by the corporation have been paid and the	solution has been eliminated, the corporate name satis	as provided for in chapter 607 or 617, F.S. I further certify that when filling fies the requirements of section 607.0401 or 617.0401, F.S., that all fees for an exemption under section 119.07(3)(i), F.S. The information indicated nder oath.
SIGNATURE: LULICOM & Allen William S. Allen 7-23-03 904-945-270 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #			

y 1/25



320 Osceola Avenue Jacksonville Beach, FL 32250 Phone 904/241-2533 Fax: 904/241-1604 www.triplechecktax.com

July 23, 2003

Division of Corporations Annual Reports Filing Post Office Box 6327 Tallahassee, FL 32314

Re: Profit Corporation Annual Report
Document P96000057997 – Proscape Services, Inc.

Dear Sir/Madam,

Please see the attached Corporate Reinstatement Report for our client listed above. We are requesting a waiver of the late fee and ask that you accept the enclosed application and payment of \$150.00 for the 2003 period.

Mr. Allen, President of the above Corporation, did not receive his report for this registration period. Upon completion of his tax interview today, it was determined through your website that his report had not been filed. We promptly prepared this for him.

Thank you for your help with this matter. Please contact me if you have any questions/concerns regarding this matter.

Sincerely,

Beverlee A. Flowers, E.A.

Enclosure: Corporate Reinstatement Report

Check # 8123