

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

1

APPLICATION



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State

DIVISION OF CORPORATIONS

REINSTATEMENT

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

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DOCUMENT # P96000089153

1. Corporation Name

ADVANCED LANDSCAPE MANAGEMENT, INC.

Principal Place of Business

Mailing Address

205-12 EDGAR STREET
ATLANTIC BEACH FL 32233

205-12 EDGAR STREET
ATLANTIC BEACH FL 32233



If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

4. Date Incorporated or Qualified To Do Business in Florida

10/29/1996

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

59-3408367

Applied For

Not Applicable

City & State

City & State

Zip

Country

Zip

Country

6. CERTIFICATE OF STATUS DESIRED

\$8.75 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)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
P	KLOTZ, JEFF	205-12 EDGAR STREET	ATLANTIC BEACH FL

400003471834--2
-11/21/00--01022--004
****150.00 ****150.00

JS 11/16

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

KLOTZ, JEFF
205-12 EDGAR STREET
ATLANTIC BEACH FL 32233

Name

Street Address (P.O. Box Number is Not Acceptable)

Suite, Apt. #, Etc.

City

State
FL

Zip Code

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

Jeff Klotz

SIGNATURE REQUIRED
REGISTERED AGENT MUST SIGN

Date

10/20/00

11. 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:

SIGNATURE REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10/20/00

Date

904-249-3094

Daytime Phone #