PLEASE READ	ALL INSTRUCTIONS	BEFORE C	COMPLET	ING THIS FOR	—————————————————————————————————————
APPLICATION FOR REINSTATEMENT FOR REINSTATEMENT APPLICATION Jim Smith Street of State Componentions				FILED	
DOCUMENT # P96000101752				30 AM 10: 41	
EARTHWISE LANDSCAPES INC.			SEGRE TALLAH	TARY OF STATE ASSEE, FLORIDA	
Principal Place of Business 7667 SANDSTONE NAVARRE FL 32566 Mailing Address 7667 SANDSTONE NAVARRE FL 32566					
If above addresses are incorrect in any way, line through incorrect information and enter 2. New Principal Office Address, If Applicable 3. New Mailing Office Address, If Suite, Apt. #, etc. Suite, Apt. #, etc.		Applicable 1	Date Incorp To Do Busi FEI Numbe	orated or Qualified ness in Florida	12/16/1996 Applied For
City & State City & State			6.	59-3416798	Not Applicable
Zip Country	Zip Country		CERTIFICATE	OF STATUS DESIRED	58.75 Additional Fee required for a Certificate of Status
7. Names and Street Addresses of Each Officer and/officers and/or Directors	Str	ations must list at lea reet Address of Each ficer and/or Director	·	City /	State / Zip
PTC HUGHSON, LISA 7667 SANDSTOR		NE ST		NAVARRE FL 32566	
VS HUGHSON, CHARLES E 7667 SANDSTOI		NE ST		NAVARRE FL 32566	
			80 10/30/	0008701 0201085004	318 **150.00
8. Name and Address of Current Registered Agent Name			9. Name and A	ddress of New Registere	d Agent
HUGHSON, LISA J 7667 SANDSTONE RD NAVARRE FL 32566		Street Address (P.O. Box Number is Not Acceptable) Suite, Apt. #, Etc.			
10. I being appointed the variational account of		City		Sta F	Lĺ
Signature of Registered Agent Agent	e named corporation, am familiar wil	IRED	igations of Section	Date	12-02

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 filling 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 AND TYPED ON PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10-22-02

850939-872

Daytime Phone #



Earthwise Landscapes & Irrigation, Inc.

7667 Sandstone Road Navarre, FL 32566

Phone: 850-939-8721 Fax: 850-939-4009

October 22, 2002

Dear Sirs:

Enclosed please find the completed application for reinstatement and the filing fee.

The amount enclosed is \$150.00. This business received <u>no</u> prior UBR notices. I have verified this with the one other person who collects our mail, and we are in agreement that this (Notice of Administrative Dissolution or Revocation) is the <u>first</u> correspondence that we have received this year from your office.

Please verify that the address you have on file is correct.

Thank You

Lisa Hughson, president