PLEASE READ	ALL INSTRUCTIONS.	BEFORE C	OMPLETI	NG THIS FORM.	
APPLICATION APPLICATION	FLORIDA DEPARTMEN Sandra B. Mort	IT OF STATE		APPROVE AND	Ð
REINSTATEMENT	Secretary of S	- 1		DO MAD A	
DOCUMENT # P94000012083			00 MAR 21 PM 4:13		
FlosidA Land Scape Enterprises Janc.			SECRETARY OF STATE FALLAHASSEE, FLORIDA		
Principal Place of Business Mailing Address					
3042 n. Eisen howerave.					
hernando,7134442					
If above addresses are incorrect in any way, line through incorrect information and enter correction below.					
New Principal Office Address, If Applicable	New Mailing Office Address, If Applicable		Date Incorporated or Qualified     To Do Business in Florida		
Suite, Apt. #, etc.	Suite, Apt. #, etc.		5. FEI Number	1100777	Applied For
City & State	City & State		6. S8.75=Additional Fee required		
Zip Country	Zip Country		CERTIFICATE	OF-STATUS DESIRED T	a Certificate of Status
7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at leas  Name of Officers Street Address of Each Title(s) and/or Directors Officer and/or Director				City / State	2 / Zio
		se Post Office Box N	lumbers)	4	
Cp Joyce Robinson	on 30121.	Eisenl	<u>a outer</u>	Hernandoff	134442
				Hernaudo 7-1	21.440
P, D Gilbert Banton SOUR N. En			wes	HETTUNGS JET	39-19-12
10,0 Wayne n. Ban	ton 3042 n.	Eisenho	wer	Hernando, 713	3444 2
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		RENS	MEN	ENT OPE	D
8. Name and Address of Current Registered Agent			9. Name and A	ddress of New Registered Ag	ent
Waynen. Banton	Name Street Address (P	O. Box Number is	s Not Acceptable)		
Waynen. Banton 3092-A. Eisenhowerave.			<u> </u>		
heonandostizyyyz	City	50	00032261 	112coal 28	
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 Date 1) 28/00					
11. This corporation owes or has paid the current year Intangible Personal Property tax due June 30.  (See other side for information on intangible tax.)					
12. 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: Wayner. Bondsofficer or Director 1/28/00 (352) 726-9481					