

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

06 OCT 31 PM 2:49

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # 097000012083

1. Corporation Name

Florida Landscape Ent., Inc.

2. Principal Office Address

3042 N. Eisenhower

Suite, Apt. #, etc.

3. Mailing Office Address

3042 N. Eisenhower

Suite, Apt. #, etc.

City & State

hernando, FL

Zip  
34442

Country

USA

City & State

hernando, FL

Zip

34442

Country

USA

4. Date Incorporated or Qualified  
To Do Business in Florida

5. FEI Number

59-3499 220

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required  
for a Certificate of Status

CR2E081 (12/05)

05-06

7. Name and Address of Current Registered Agent

Name

Wayne N. Barton

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

~~3042 N. Eisenhower~~ 548 GULF AVE.

Suite, Apt. #, Etc.

City

Crystal River

State

FL

Zip Code

34429

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.

Signature of  
Registered Agent

Wayne N. Barton

REGISTERED AGENT MUST SIGN

Date 10/29/06

9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

| Titles | Name of<br>Officers and/or Directors | Street Address of Each<br>Officer and/or Director | City / State / Zip      |
|--------|--------------------------------------|---|-------------------------|
| CEO    | Gilbert Barton                       | 3042 N. Eisenhower Ave                            | hernando, FL 34442      |
| VPO    | Wayne Barton                         | <del>hernando</del><br>548 GULF AVE.              | Crystal River, FL 34429 |
| D      | Robert Barton                        | 3042 N. Eisenhower Ave                            | hernando, FL 34442      |
|        |                                      |   |                         |
|        |                                      |   |                         |
|        |                                      |   |                         |
|        |                                      |   |                         |
|        |                                      |   |                         |

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10. 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 contained in Chapter 119, 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:

Waymon. Barton

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10/29/06

Date

352-228-2698

Daytime Phone #