PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT



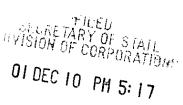
FLORIDA DEPARTMENT OF STATE **Katherine Harris**

Secretary of State

DIVISION OF CORPORATIONS

P97000063370 DOCUMENT

1. Corporation Name



NELSO	N LAN	OSCAPE MANA	GEMENT,	INC.						
Principal Piace of Business Ma				Mailing Address						
16148 73RD	TERRACE NO	ORTH	16148 73RD	16148 73RD TERRACE NORTH						
	H GARDENS			PALM BEACH GARDENS FL 33418						
							100 PO 12			
		incorrect in any way, line	through incorrect i	nformation	and enter correc	tion below.		NSTATEM	ALMI O /	
2. New Pri	ncipal Office	Address, If Applicable		3. New Mailing Office Address, If Applicable			4. Date Incorporated or Qualified To Do Business in Florida 07/21/1997 5. FEI Number			
Suite, Apt.			Contract to	Suite, Apt. #, etc. 7574 WAY NORTH						
City & State	9	ARDING FLA	···	City & State PACH GRAPHS FLA			15-0765915 Applied For Not Applicable			
Zip	Brace 6	Country _				<i></i>	6.		\$8.75 Additional Fee required	
33'	418	PALM BERCH	Zip 3341	8	Country B	Beach	CERTIFICATI	E OF STATUS DESIRED L	for a Certificate of Status	
7. Names	and Street Ad	Idresses of Each Officer ar	nd/or Director (Flo	rida nonpro	fit corporations r	must list at lea	st 3 directors)			
Title(s) 1						Idress of Each nd/or Director				
DP	NELSON, E	ERIC		16148 73RD TERRACE NORTH			PALM BEACH GARDENS FL 33418			
				1635	175+	Way	Months	000472 -12/14/01- ****750.0	65652 01042010 00 ****750.00	
		44444					Mi	1/13		
							<u> </u>	1.5		
8. Name and Address of Current Registered Agent Name						ne	Name and Address of New Registered Agent e			
NELSON, ERIC										
16148 73RD TERRACE NORTH					Stre	Street Address (P.O. Box Number is Not Acceptable)				
PALM BEACH GARDENS FL 33418					Suit	Suite, Apt. #, Etc.				
					City	'	· · · · · · · · · · · · · · · · · · ·		State Zip Code	
10. I, being	appointed the	e registered agent of the a	bove named corp	oration, am	familiar with and	accept the ob	oligations of Secti	ion 607.0505, F.S.		
							-			
Signature o	ī		An	<u>[</u> [](c.	65.5			Date 1/ - 2	26-01	

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

REGISTERED AGENT MUST SIGN