	PLEASE READ A						
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<u>LL INSTRUCTIONS BEFORE C</u>C FLORIDA DEPARTMENT OF STATE Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

P97000069796 **DOCUMENT #**

1. Corporation Name

INSTAGATORS LANDSCAPING, INC.

Principal Place of Business

Mailing Address

448 NORTH SEMORAN BLVD

448 NORTH SEMORAN BLVD

FILED Oct 20 1999 8:00 am Secretary of State

ONLANDO PE 32807			OTENNOO PL 32807			1 100140511	1 INDIVIDE IN THE IDEA OF THE PRINCE STATE OF THE PRINCE STATE STA					
If above _e a	iddresses are	incorrect in any way, line to	hrough incorrect i	nformation and	enter correction below.							
New Principal Office Address, If Applicable Suite, Apt. #, etc.		3. New Mail	New Mailing Office Address, If Applicable Suite, Apt. #, etc.			4. Date Incorporated or Qualified To Do Business in Florida 08/12/1997 5. FEI Number Applied For						
		Suite, Apt. #										
City & State		City & State			5. FEI Number Applied Fo Not Applied Fo				_			
					6.			9.75 Add				
Zip Country		Zip Country		Country	CERTIFICAT	CERTIFICATE OF STATUS DESIRED \$8.75 Additional Fee required for a Certificate of Status						
7. Names	and Street Ad	idresses of Each Officer an	id/or Director (Fix	orida nonprofit c	orporations must list at	least 3 directors)						
Title(s)	2	Name of Officers and/or Directors		3	Street Address of E Officer and/or Direc		4	City /	State / Zip	p		
D ALDRICH, JEFF				448 NORTH SEMORAN BLVD			ORLANDO FL 32807					
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	8. Nam	ne and Address of Currer	it Registered Ag	ent	Name	9. Name and	Address of No	ew Registere	d Agent		4	
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ALDRICH, JEFF 448 NORTH SEMORAN BLVD.			Street Address (P.O.		s (P.O. Box Numbe	O. Box Number is Not Acceptable)						
ORLANDO FL 32807		Suite, Apt. #, Etc		Etc.					_			
			Λ		City			. { F	ate Zip C	Code		
10. I, being	appointed th	ne registered agent of the a	boye named corp	oration, am fam	-	obligations of Sec	tion 607.0505,	F.S.				
Signature o Registered	if Agent	OXX.	1/				Date	10-1	18-9	9	.	
		17 V / ?	REGISTERED AG	SENT MUST SK	3N							

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.

DTYPED OR PRINTED NAME OF SIGNI

FFFRU W. Aldry 1018-99 407 275-

0011729 AF

INSTAGATORS LANDSCAPING, INC. 448 N. SEMORAN BLVD. ORLANDO, FL 32807 (407) 275-9822 FIN# 59-3468460

October 19, 1999

Department of State
Division of Corporations
409 E. Gaines Street
Tallahassee, FL 32399

As per my conversation with your customer service representative, I am enclosing my check # 2780 for \$150.00. Our Corporation never received an annual renewal package in the mail. I was told this was common and I could send this notice along with the usual fee of \$150.00 to resolve this matter. If we had received the information required we would have paid the fees immediately, which we have done every year since we became Incorporated.

Please contact me at the above address with any questions or if any additional information is required to reinstate my Corporate paperwork.

Sincerely,

Jeff Aldrich
Owner\President

JA\pa