FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000071039 1. Entity Name REIGNDANCE LANDSCAPING, INC:

SIGNATURE: 21

FILED May 13, 2002 8:00 am Secretary of State

05-13-2002 90095 020 ***150.00

DO NOT WRI	TE IN THIS SPA	CE			
2. Principal Place of Business // 28 RD///L P///L BLV. Suite. Apt. #, etc.	3. Mailing Address // A ROYAL PH. Suite, Apt. #, etc.	11128 ROYAL PALM BLVD		DO NOT WRITE IN THIS SPACE	
City & State CDAAL SPAINGS FL	City & State COADL SPAINGS,	FL	4. FEI Number 65-0781184	Applied For	
33065-6826 USA	33065-6826 C	ountry	5. Certificate of Status Desired [\$8.75 Additional Fee Required	
DO NOT IN THIS S		Name NARC Street Address (I	7. Name and Address of Current Reg T, SCHWIMTZ P.O. Box Number is Not Acceptable) RDYNL PALM BLI	gistered Agent	
8. The above named entity submits this stateme. SIGNATURE Signature, typed or printed name of registered as 9. This corporation is eligible to satisfy its Intang	agent and title if application. INOTE Registe	ered Agent signature required	ed agent, or both, in the State of Florida. WARTZ when reinstating)	FL 33065-6826	
Tax filing requirement and elects to do so. (See criteria on back)	After May 1, 1 Fee Amended UBR Make Check Payable to I	R is \$61.25	Election Campaign Financia Trust Fund Contribution.	ng \$5.00 May Be Added to Fees	
NAME STREET ADDRESS CITY-ST-ZIP OFFICERS A P 5 T D NAME NAME STREET ADDRESS CITY-ST-ZIP CDRAL STRIKGS	AND DIRECTORS ARTZ AR BLVD STI AR STI AR CI AR CI CI CI CI CI CI CI CI CI C	TLE AME FREET ADDRESS TY-ST-ZIP	The state of the s		
NAME STREET ADDRESS CITY-ST-ZIP	tit Nai Sir	TLE IME REET AODRESS	المراجعة المستنفينية والمستنفية المستنفية المس	را بالمعالية خلصابات المنتشة المتاتبات المتعلقة الم	
NAME STREET ADDRESS CITY-ST-ZIP	1		DO NOT W	RITE	
TITLE NAME STREET ADDRESS CITY - ST - ZIP		? }	IN THIS SP	ACE	
TITLE INAME STREET ADDRESS CITY-ST-ZIP			&		
ITTLE NAME STREET ADDRESS CITY-ST-ZIP	спу	ME REET ADDRESS Y-ST-2IP	3		
13. I hereby certify that the information supplied w indicated on this report or supplemental repor of the corporation or the receiver or trustee er attachment with an address, with all other like	repowered to ever to the aid, my signa	emption stated in Sectionary shall have the sa- quired by Chapter 607	ion 119.07(3)(i). Florida Statutes. I furthe me legal effect as if made under oath; th , Florida Statutes: and that my name ap	er certify that the information hat I am an officer or director opears in Block 11 or on an	