PLEASE READ	ALL INSTRUCTIONS	BEFORE C	OMPLETING THIS FORM.
APPLICATION FOR	Salvira B. Nor Salvira B. Nor Salvira B. Nor DIV 10 0 0 0 0 0 0	N OF STATE	
DOCUMENT # P97000	0094813	RATIONS	
1. Corporation Name			98 DEC -7 PM 4:35
GATOR LANDSCAPE & IRRIGATION INC.			SECRETARY OF STATE TALLAHASSEE, FLORIDA
Principal Place of Business Mailing Address			
12 TAM O' SHANTER LA  BOCA RAFON FL 33431  12 TAM O' SHANTER LA  BOCA RATON FL 33431			
If above addresses are incorrect in any way, line through incorrect information and enter correction below.  2. New Principal Office Address, If Applicable  3. New Mailing Office Address, If Applicable			Date Incorporated or Qualified
Suite, Apt. #, etc.	Suite, Apt. #, etc.		To Do Business In Florida 11/12/1997
City & State	City & State		5. FEI Number Applied For Not Applicable
Zip Country	Zip Country	y	6. CERTIFICATE OF STATUS DESIRED  \$8.75 Additional Fee required for a Certificate of Status
7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)  Name of Officers  Street Address of Each			
Title(s) and/or Directors Office		icer and/or Director Post Office Box Nu	mbers) 4 City / State / Zip
Pres JOHN H. Bellofa,	40 12 Tan 0	5' Shan fer	La Boca Raden Fla 33431 500002709465-0
			-12710/9801094014 *****158.00 ****158.00
		O(C)	2 12 lalas
8. Name and Address of Current R	egistered Agent	0184	9. Name and Address of New Registered Agent
BELLOFATTO, JOHN M JR 12 TAM O' SHANTER LA BOCA RATON FL 33431		Name Street Address (P. Suite, Apt. #, Etc.	O. Box Number is Not Acceptable)
		City State Zip Code	
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 REGISTERED/AGENT MUST SIGN  Date			
11. This corporation owes or has paid the current year Intangible Personal Property tax due June 30.  Yes No No (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: 18 18 18 18 18 18 18 18 18 18 18 18 18			

Back 3 NOS ago I sent you a letter stating that you sent me a Second Notice you did not send me the first Notice. As usual you did not Respund Now you send me a concellate very need send me a first C how need t believe 150.00. I settle this peanfull we will in Court. We are taxpuyers in Court. We are toxpures take core of us. I am go very disturbed about this - So please take core of this matter. If no answer in 30 dys I will turn this over to the attemp to file a low sint