PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT



FLORIDA DEPARTMENT OF STATE Glenda E. Hood

Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT # P98000000843

1. Corporation Name

A & D BETTER LANDSCAPING, INC.

Principal Place of Business

Mailing Address

FILED

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SECRETARY OF STATE TALLAHASSEE, FLORIDA

11680 6-L FARM ROAD			-		ാലവര	777 <i>8</i>			
Suite, Apt. #, etc. City & State			3. New Mailing Office Address, If A ABETTER BUSTNESS & Suite, Apt. #, etc. Suite 104 City & State 600 GOODLETTE ROAD		Applicable TAX SERV., NORTH	<u></u>		01/01/1998 Applied For Not Applicable	
Zip		Country	^{Zip} 34102	Country USA		CERTIFICATE	OF STATUS DESIRED	\$8.75 Additional Fee required for a Certificate of Status	
7. Names Title(s)	2 413757 211000015			Street Address of Each Officer and/or Director			City / State / Zip		
D	TORRES, AUBIER			11680 6-L FARM ROAD			NAPLES FL 34114		
D	TORRES, ALVARO			11680 6-L FARM	ROAD		NAPLES FL 34114		
						107317	p3md88t	15-74/50:00	
	8 Name	and Address of Current I	Registered Age	nt		9 Name and A	Address of New Regi	stered Agent	
8. Name and Address of Current Registered Age TORRES, ALVARO 11680 6-L FARM ROAD NAPLES FL 34114					Name Street Address (P.O. Box Number is Not Acceptable) Suite, Apt. #, Etc. City			State Zip Code	
10. I, being	g appointed the	registered agent of the abo	ve named corpo	ration, am familiar wil	h and accept the ob	oligations of Secti	ion 607.0505, F.S. or 6		
Signature of Registered Agent SICI			REGISTERED AGENT MUST SIGN				Date		
11. I certify	that I am an off	icer or director or the receiv	ver or trustee en	npowered to execute t	his application as p	rovided for in cha	apter 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 placed 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

10-27-03

239-775-6481 Daytime Phone #

on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.

YPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

State of Florida Department of State

CERTIFICATE OF ADMINISTRATIVE DISSOLUTION OR REVOCATION

The below named corporation having failed to file its 2003 corporation annual report/uniform business report, in accordance with Florida Statutes, is hereby administratively dissolved or revoked effective September 19, 2003.

Corporation Name: A & D BETTER LANDSCAPING, INC.

Document Number: P98000000843

Given under my hand and the Great Seal of the State of Morida, at Tallahassee, the Capital, this the 19th day of September, 2003.

Leada E. Hood

Glenda F. Hood Secretary of State

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Tax Amnesty Agreement Effective July 1 to October 31, 2003

Eligible businesses and individuals may pay taxes and interest owed to the State of Florida without penalty and at discounted interest under a Tax Amnesty Program that is in effect from July 1 — October 31, 2003. The amnesty program applies to all taxes administered by the Florida Department of Revenue except unemployment tax and Miami-Dade Lake Belt mitigation fees. It is available for eligible taxpayers who owe taxes that were due on or before June 30, 2003.

If you wish to participate in the amnesty program, you must submit a Tax Amnesty Agreement.

For more information about filing and paying tax, see the reverse side of this form.

To be eligible to participate in the amnesty program, I (the taxpayer) affirm and agree that:

- I give up my right to contest the tax and interest I report under amnesty.
- I withdraw any pending protest or proceeding about the tax and interest I report under amnesty and understand that any protest or proceeding cannot be refiled.
- I have not previously entered into a settlement of liability with the Department for any state tax or local option tax that I report under amnesty.
- I give up my right to claim a refund of tax or interest I pay under amnesty and my right to protest the Department's denial of any claim I make for a refund of tax or interest I pay under amnesty.
- Any credit or refund of tax or interest I pay under amnesty is limited to amounts paid in error, as determined by the
 Department.
- I have not been convicted of a crime involving a revenue law of this state.
- I understand that the Department may reconsider any amnesty given me if I misrepresent my eligibility to participate
 or I file false or fraudulent returns and forms under amnesty.

Please provide all information requested below:

Taxpayer name A & D BETTER LANDSCAPING, INC.

Date 10/27/03

Preparer name (if other than taxpayer) Helen Watson

I represent the taxpayer and certify that I have in my possession a power of attorney that authorizes me to represent this taxpayer for purposes of amnesty before the Department of Revenue.

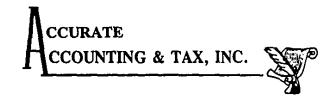
Taxpayer street address 11680 6-L Farm Road

City/State/ZIP Naples, FL 34114 Telephone No., incl. area code (239) 253-1744

Federal Employer Identification No. or Social Security No. 59-3483777

Sales tax certificate number (if applicable)

A BETTER USINESS & TAX SERVICE, INC.



October 27, 2003

Division of Corporations Annual Report/Reinstatement Section P.O. Box 6327 Tallahassee FL 32314-6327

Re.: A & D BETTER LANDSCAPING, INC.

11680 6-L Farm Road Naples, FL 34114 FEIN: 59-3483777

Please find attached the Application for Reinstatement for the year 2003 for the above mentioned client. Also attached is check #2777 in the amount of \$150 to cover the annual filing fee.

Mr. Torres mailing address is a rural location with more than one street name. As a result, he never received the annual report. Therefore, we request that any late fee for the year 2003 be waived. Note: We have entered a new Mailing Office Address so that future correspondence will be received and filed in a timely manner.

Any further questions regarding this matter can be directed to me at this office Monday through Friday, between the hours of 11:00 A.M. and 5:00 P.M.

Sincerely,

Helen Watson President

HW/jaa

Attachments