PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Glenda E. Hood
Secretary of State
DIVISION OF CORPORATIONS

FILED
03 OCT 31 PM 3:42
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P98000000843**

1. Corporation Name

A & D BETTER LANDSCAPING, INC.

Principal Place of Business	Mailing Address
11680 6-L FARM ROAD NAPLES FL 34114	~~11680 6-L FARM ROAD~~ ~~NAPLES FL 34114~~

REINSTATEMENT 03

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
Suite, Apt. #, etc.	A BETTER BUSINESS & TAX SERV., Suite, Apt. #, etc. Suite 104
City & State	City & State 600 GOODLETTE ROAD NORTH
Zip / Country	Zip / Country 34102 / USA

4. Date Incorporated or Qualified to Do Business in Florida: 01/01/1998

5. FEI Number: 59-3483777 ☐ Applied For ☐ Not Applicable

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)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
D	TORRES, AUBIER	11680 6-L FARM ROAD	NAPLES FL 34114
D	TORRES, ALVARO	11680 6-L FARM ROAD	NAPLES FL 34114

100024341071
10/31/03--01088--015 **150.00

8. Name and Address of Current Registered Agent	9. Name and Address of New Registered Agent
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: FL / Zip Code

CR2E040 (7/03)

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. or 617.0505, F.S.

Signature of Registered Agent: SIGNATURE _____ Date _____

REGISTERED AGENT MUST SIGN

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 _____ 10.27.03 _____ 239-775-6481

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

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 Florida, at Tallahassee, the Capital, this the 19th day of September, 2003.

Glenda E. Hood

Glenda E. Hood
Secretary of State

FLORIDA
DEPARTMENT OF REVENUE

Tax Amnesty Agreement
Effective July 1 to October 31, 2003

DR-100000
N. 06/03

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 BUSINESS & TAX SERVICE, INC.

ACCURATE ACCOUNTING & TAX, 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

Helen Watson
President

HW/jaa

Attachments

600 Goodlette Road North, Suite 104 • Naples, Florida 34102
PHONE: (239) 263-0829 • FAX: (239) 263-6780 • TOLL FREE: 1-800-786-0829