PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
01 JAN -3 PM 4:35

DOCUMENT # P98000014662

1. Corporation Name

Gulfshore Designs in Landscaping, INC.

REINSTATEMENT 99-01

2. Principal Office Address	**3.** Mailing Office Address
3073 Cortez Blvd	PO BOX 62123
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Fort Myers, FL	City & State: Fort Myers, FL
Zip: 33901 Country: US	Zip: 33906 Country: US

4. Date Incorporated or Qualified To Do Business in Florida: Feb 13, 1998

5. FEI Number: 65-0812433 ☐ Applied For ☐ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐ $8.75 Additional Fee required for a Certificate of Status

7. Name and Address of Current Registered Agent

Name: Robin M. Mixon

Street Address (P.O. Box Number is Not Acceptable): 3073 Cortez Blvd

Suite, Apt. #, Etc.:

City: Fort Myers | State: FL | Zip Code: 33901

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***1050.00 ***1050.00

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.

Signature of Registered Agent: Robin M. Mixon (REGISTERED AGENT MUST SIGN) Date: 1/2/2000

CR2E081 (9/99)

9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
President	Robin M. Mixon	3073 Cortez Blvd	Fort Myers, FL 33901
V/Pres	Kevin S. Mixon	3073 Cortez Blvd	Fort Myers, FL 33901
Secretary	Robin M. Mixon	3073 Cortez Blvd	Fort Myers, FL 33901
Treas.	Robin M. Mixon	3073 Cortez Blvd	Fort Myers, FL 33901

1/4/01

10. 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: Kevin S. Mixon 1-2-00 (941)633-4816
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #