PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT



FLORIDA DEPARTMENT OF STATE **Katherine Harris**

Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT #

P98000022587

1. Corporation Name

SECOND NATURE LAND DESIGN, INC.

Principal Place of Business

Mailing Address

5755 SW RANCHITO ST

5755 SW RANCHITO ST

FILED

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SECRETARY OF STATE TALEAHASSEE, FLORIDA

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							FINST	CONTRACTOR OF CO	HIT
If above a	iddresses are i	incorrect in any way, line the	rough incorrect in	formation ar	nd enter co	rection below.	HE SHOW THE		
New Principal Office Address, If Applicable			JOID CO <u>IOFADO MU</u>			plicable Ave,	Date Incorporated or Qualified To Do Business in Florida 03/10/1998		
Suite, Apt. #, etc.			Suite, Apt. #, etc.				5. FEI Number Applied For		
City & State			Stuart, Flo			ida	65-0818116 Not Applicable		
Zip Country		Country	^{Zip} 34994		Country U	SA			5 Additional Fee required r a Certificate of Status
7. Names	and Street Add	dresses of Each Officer and	/or Director (Flor	rida nonprofi	it corporation	ns must list at lea	st 3 directors)		
Title(s)	2	Name of Officers and/or Directors		3	Stree	t Address of Each er and/or Director	1	City / Sta	te / Zip
DSP	TEARDO, KENNETH E		5755 SW RANCI			нго эт		PALM CITY FL 34990	
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8. Name and Address of Current Registered Agent						9. Name and Address of New Registered Agent			
Name									

TEARDO PRINZ, BETH

1100 S. FEDERAL HIGHWAY STUART FL 34994

TEHRDO PRIN

Street Address (P.O. Box Number is Not Acceptable)

815 COLORADO Suite, Apt. #, Etc.

STUART

Zip Code 34994

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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

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 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.

· 为是是 ATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR