


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

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| CORPORATION REINSTATEMENT | |  FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS | |
| DOCUMENT # P98000069000 | | | |
| 1. Corporation Name POWELL LANDSCAPING + DESIGN, INC. | | | |
| 2. Principal Office Address 451 S.W. 27 th AVE Suite, Apt. #, etc. | | 3. Mailing Office Address P.O. Box 7266 Suite, Apt. #, etc. | |
| City & State Boynton Beach FL Zip 33435 Country | | City & State Delray Bch, Fla Zip 33482 Country 1 | |

FILED

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2003-05 Rei

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|--|--|
| 4. Date Incorporated or Qualified To Do Business in Florida 08/03/1998 | |
| 5. FEI Number 650990732 | Applied For <input type="checkbox"/> Not Applicable |
| 6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> | |

| | |
|---|---------------------------------------|
| 7. Name and Address of Current Registered Agent | |
| Name <u>CLIFFORD J. POWELL</u> | |
| Street Address (P.O. Box Number is Not Acceptable) <u>451 S.W. 27th AVE</u> | |
| Suite, Apt. #, Etc. | |
| City <u>Boynton Bch</u> | State FL Zip Code <u>33435</u> |

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0605 or 617.0503, F.S.

Signature of
Registered AgentCLIFFORD J. POWELLDate 4-11-05

REGISTERED AGENT MUST SIGN

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 |
|--------|-----------------------------------|--|-----------------------|
| Pres | CLIFFORD J. POWELL | 451 S.W. 27 th AVE | Boynton Bch FL 33435 |
| TREA. | VELMA P. POWELL | 451 S.W. 27 th AVE | Boynton Bch, FL 33435 |
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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)(X), 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:

CLIFFORD J. POWELL

CLIFFORD J. POWELL

4-11-05 [561577-5153]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CP200301 (01/05)