

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT

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



FILED
 00 DEC 15 PM 2: 15
 SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

DOCUMENT # P98000070146

1. Corporation Name
FLORIDA LANDSCAPE SPECIALISTS, INC.

Principal Place of Business Mailing Address

16434 E PRESTWICH DR 16434 E PRESTWICH DR
 LOXAHATCHEE FL 33470 LOXAHATCHEE FL 33470
 US US



REINSTATEMENT

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. Suite, Apt. #, etc.

City & State City & State

Zip Country Zip Country

4. Date Incorporated or Qualified To Do Business in Florida 08/06/1998 **SP**

5. FEI Number 59-3526877 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)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
PD	ASHLEY, BRETT C	16434 E PRESTWICH DR	LOXAHATCHEE FL 33470
			700003514567--4 -12/27/00--01064--024 ****750.00 ****750.00

8. Name and Address of Current Registered Agent

KLEIN, MARK H
 1424 SOUTH ANDREWS AVENUE
 STE 100
 FORT LAUDERDALE FL 33316

9. Name and Address of New Registered Agent

Name

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

Suite, Apt. #, Etc.

City State **FL** Zip Code

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 *[Signature]* Date 12/8/2000

SIGNATURE REQUIRED
 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: *Brett C Ashley* 11/30/00 (64)3337940

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

CR2E040 (800)