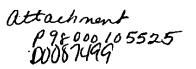
			_		k,			;									
DOCUMENT # P98000105525 1. Entity Name INSPIRATIONAL LAWNCARE & LANDSCAPE DESIGN, INC.					09-21-2000 90003 003 *** 150.00 FILED P98000105525 00 SEP 21 PM 1: 56												
														UU SEP 2	; rn	1. 20	
									Principal Plac	ce of Business	Mailing Address			SECRETA	RY OF S	T·ΔTF	•
10110 MARGUEX DRIVE 10110 MARGUEX DRIVE					TALLAHA	SSFF FI	'ORIDA										
ORLANDO FL 32807 ORLANDO FL 32807					TALLAHA												
						กกก	37477										
					1 10 Fra 6 f i ya 1 a 10 fi 11 ya 6 fi 1												
2. Principal Place of Business Ollo MOTHUR De 1010 Mothur De 101				0-		HOUR HEREI WAS	BERN SHE KINE	(1 88)									
10110 11056 1010 1010 10160 Suite, Apt. #, etc.			GUEN I		DO NOT	VRITE IN THIS	C CDACE										
	, 2.2.	22.10, 1. 10, 11, 11, 11, 11, 11, 11, 11, 11, 11,		Į	DO 1101	***********	O OI ACE										
City & Star		Gity & State	A	4.	FEI Number 59-3419	902	<u> </u>	pplied For									
11/2 LA	mas pc	Orcmiso,	7 <u>C</u>					lot Applicable									
322	825 Country	22825	Country	5.	Certificate of Status Desire	d 🗆	\$8.75 Ac Fee Requir										
	8. Name and Address of Current R			7.	Name and Address of Ne	w Registerer	<u> </u>										
			Name	805	noul M	10 A											
MIRANDA, RAYMOND					Box Number is Not Accept	able)	~~~	<u> </u>									
	N. SEMORAN BOULEVARD	10	110	morbue	x all	Z											
UKI	LANDO FL 32807		1														
			City	/	~ 4	F	L 792	الريد الم									
O The share	named entity submits this statement for	Z	<u> </u>		00		- 130	820									
o. The above	named entity solution this statement in the	ne purpose or changing its reg	gistered office or r	egistered a	gent, or bout, in the State of	rionua.											
SIGNATURE .	9/14/11		-		,	8-10-	2000	'									
SIGNATURE .	Signature, typed or prised name of registered agent and	d title if applicable. (NOTE: Re	egistered Agent signatur	nerilw beniupen	reinstating)	DATE	3										
9. This corpo	pration is eligible to satisfy its Intangible	FILE NOW!!!	FEE IS \$550.00)	44 50 10 5												
Tax filing r	requirement and elects to do so.	After SEPTEMBER 13,			10. Election Campaign Trust Fund Contrib			00 May Be									
	ria on back)	Make Check Payable															
11.	OFFICERS AND D		12.	A	DDITIONS/CHANGES TO (OFFICERS AN	☐ Change										
title Name	MIRANDA, RAYMOND	☐ Delete	TITLE NAME		•												
STREET ADDRESS	10110 MARGUEX DRIVE		STREET ADORESS					}									
CITY-ST-ZIP	ORLANDO FL 32807		CITY-ST-ZIP	<u>.</u>				☐ Addition									
TITLE		☐ Delete	TITLE	_		_	☐ Change	Addition									
VAME			NAME														
Street address City_St-zip			STREET ADDRESS)					}									
TITLE		Delete					☐ Change	Addition									
NAME		LLI DEIGIO	NAME				, <u> </u>										
STREET ADDRESS	,		STREET ADDRESS					ļ									
CITY-ST-ZIP			CITY-ST-ZIP														
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name Street address			NAMÉ STREET ADDRESS														
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CITY-ST-ZIP			CITY-ST-ZIP														
ULE		☐ Delete	TITLE				☐ Change	☐ Addition									
IAME Street Address			NAME Street address														
CITY-ST-ZIP			CITY-ST-ZIP					1									
13. I hereby c	ertify that the information supplied with the	is filing does not qualify for the	exemption stated	in Section	119.07(3)(i), Florida Statute	s. I further cer	rtify that the ir	formation									
indicated of the con	on this report or supplemental report is tru poration or the receiver or trustee empowe	ue and accurate and that my serve to execute this report as r	ionature shall hav	e the same	legal effect as if made under	er oath; that I a	am an officer	or director									
changed	or on an attachment with an address, with	all other like empowered.			and a second sec			[
TAIA"	URE: AUSINOTIE	10 0 1 10 10 10 10 10 10 10 10 10 10 10	ח	-	8-50-200	20 U.	07-979	STYKK									
IAV.		TED NAME OF SIGNING OFFICER OF D	NECTOR .		0-10-00	7.4	budena bassa s	<u></u>									



Dear sirs,

Please find enclosed the check for 150.00 as agreed, as I did not receive your First notice a discussed.

Sincerely

Raymon Miranda Pres.

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