

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
02 FEB -7 PM 12:02

DOCUMENT # P99000017918

1. Corporation Name

Terrapin Landscape Contractors Inc.

2. Principal Office Address

230 Humphrey

Suite, Apt. #, etc.

3. Mailing Office Address

P.O. Box 953453

Suite, Apt. #, etc.

City & State

Lake Mary FL

City & State

Lake Mary FL

Zip

32746

Country

USA

Zip

32795

Country

USA

4. Date Incorporated or Qualified
To Do Business in Florida

Feb. 24 1999

5. FEI Number

59-3567181

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒

\$0.75 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

William H. Turtle #

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

718 West Court

Suite, Apt. #, Etc.

Longwood

City

Longwood

State

FL

Zip Code

32750

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

William H. Turtle #

Date 2/4/02

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.	William H. Turtle #	718 W. Court Longwood FL 327	Longwood FL 32750

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:

William H. Turtle #

William H. Turtle #

2/4/02

407-323-7511

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E081 (9/01)

Terrapin Landscape Contractors Inc.

P.O. Box 953453
Lake Mary, FL 32795

Phone 407-323-7511
Fax 407-302-5563

February 04, 2002

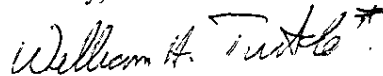
Department of State
Division of Corporations
PO Box 6327
Tallahassee FL 32314

Re: Reinstatement of Corporation

I am submitting a reinstatement form along with a check in the amount of \$308.75. We never received the original renewal form, so we are requesting any late fees be waived. The enclosed check is for 2001 and 2002 and the certificate of status

Thank you for taking caring of this matter .

Sincerely,



William H Turtle II