PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT 04102

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.

000004916070--8
-02/13/02--01082--005
****308.75 ****308.75

2. Principal Office Address	**3.** Mailing Office Address
230 Humphrey	P.O. Box 953453
Suite, Apt. #, etc.	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 ☒ $8.75 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

CR2E081 (9/01)

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~~ 32750	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 #

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