

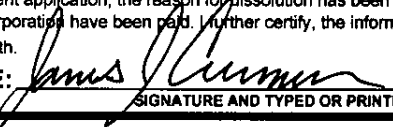


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT		 FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # P99000068832			
1. Corporation Name Southern Exteriors Landscape Development, Inc. 7/11/0000013864			
2. Principal Office Address - No P.O. Box # 3179 23 Ave. N. Suite, Apt. #, etc.		3. Mailing Office Address 3179 23 Ave. N. Suite, Apt. #, etc.	
City & State St. Petersburg, Fl.		City & State St. Petersburg, Fl.	
Zip 33713	Country	Zip 33713	Country
7. Name and Address of Current Registered Agent Name Cunneen, James J Street Address (P.O. Box Number is Not Acceptable) 3179 23 Ave. N. Suite, Apt. #, Etc.		4. Date Incorporated or Qualified To Do Business in Florida 7/28/1999 5. FEI Number 650953766 Applied For <input type="checkbox"/> Not Applicable 6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$8.75 Additional Fee required for a Certificate of Status <input type="checkbox"/> The reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the reinstatement fee be waived.	
City St. Petersburg		State FL	Zip Code 33713
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  Date 3/16/2010 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
P	Cunneen, James J.	3179 23 Ave. N.	St. Petersburg, Fl. 33713
10. E-mail Address: seplantman@aol.com (To be used for future annual report notification)			
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. Further certify, 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:  James J. Cunneen 3/16/2010 727/328/7516 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #			