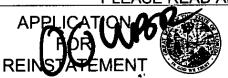
PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.



## FLORIDA DEPARTMENT OF STATE **Katherine Harris**

Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT #

P99000089278

1. Corporation Name

GERMISTON, INC.

Principal Place of Business

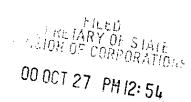
Mailing Address

9018 TRAD ST.

SIGNATURE:

9018 TRAD ST.

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR



Daytime Phone #

BOCA RAT	ON FL 33434		BOCA RATON FL 33434			F 10011000 IID FBILL BUILL					
		incorrect in any way, line th									
	•	Address, If Applicable		New Mailing Office Address, If Applicable			Date Incorporated or Qualified     To Do Business in Florida     10/08/1999				
Suite, Apt.	#, etc.		Suite, Apt. #, etc.				5. FEI Number Applied For			1 Y	
City & State			City & State				Not Applicable  6. \$8.75 Additional Fee required				
Zip		Country	Zip		Country		<del></del> -	E OF STATUS DESIRED	\$8.75 Ad	ditional Fee required ertificate of Status	
7. Names	and Street Ad	dresses of Each Officer and	d/or Director (Flo	rida nonprofit	corporation	ns must list at lea	st 3 directors)				
Name of Officers Title(s) and/or Directors				Stri		eet Address of Each ficer and/or Director		City / State / Zip			
PTVS	TVS LEISHER, MARK			54 CACHET ST., LAMBTON, GI			MISTO	LAMBTON, GERMISTON S. AFRICA			
					·				<u>.</u>		
<del></del>				<u> </u>				\	4 T T T		
1-1					•				<del>/0001</del> :	<del>  14001</del>	
								**** <u>*</u>	50.00 *	***150.00	
							Bur	9			
		•					,	• -			
8. Name and Address of Current Registered Agent								9. Name and Address of New Registered Agent			
						Name					
CAWOOD, JOHN 10181 W. SAMPLE RD.						Street Address (P.O. Box Number is Not Acceptable)					
CORAL SPRINGS FL 33065					Suite, Apt. #, Etc.				1. **		
				4		City			State Zip	Code	
10. I, being	g appointed th	e registered agent of the al	bove named conf	oration, am fai	amiliar with	and accept the o	bligations of Sect	ion 607.0505, F.S.			
Signature of Registered			REGISTEREDA	EN MUST S	SIGN			Date	15/15/1	50	
this rein	nstatement ap	officer or director or the rec plication, the reason for dis tion have been paid and the true and accurate, and my	solution has beer e names of individ	n eliminated, ti duals <u>list</u> ed on	the corpora n this form	te name satisfies do_pot qualify for	the requirements an exemption un	s of section 607.0401	or 617.0401, F	S., that all fees	
		a manifest	11015			<del>,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,</del>	10	1000	561	1702370	

**OCTOBER 16, 2000** 

FLORIDA DEPT OF OF STATE DIVISION OF CORPORATIONS P O BOX 6327 TALLAHASSEE FL 32314

**REINSTATEMENT - GERMISTON INC** 

WE REFER TO OUR TELEPHONE CONVERSATION OF OCTOBER 16, 2000 AND ATTACH HERETO THE APPLICATION FOR REINSTATEMENT AND OUR CHECK # 1267 FOR \$ 150.00 AS ADVISED.

WE APOLOGIZE FOR NOT FILING AN ANNUAL REPORT. AS THIS IS A NEW CORPORATION AND OUR COMPANY IS NEW TO YOUR COUNTRY WE WERE NOT AWARE THAT WE HAD TO FILE AN ANNUAL REPORT. AND HAD RECEIVED NO PREVIOUS NOTIFICATION OF THE ABOVE

PLEASE BE LIENIENT IN THIS MATTER AND EXUSE US THIS TIME. WE WILL ENDEAVOUR NOT TO ALLOW THIS TO HAPPEN-AGAIN.

YOURS FRULY,

M. LEISHER

GERMISTION INC. DBA EMERALD LANDSCAPES OF S.E. FLORIDA