PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

04 OCT 18 PM 12: 15

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P99000101763

1. Corporation Name

Diversified Landscape Services, Inc.

2. Principal Office Address	**3.** Mailing Office Address	
4839 Southwest 148th Avenue	4839 Southwest 148th Avenue	
Suite, Apt. #, etc.	Suite, Apt. #, etc.	
PMB 525	PMB 525	**4.** Date Incorporated or Qualified To Do Business in Florida 11/12/1999
City & State	City & State	**5.** FEI Number / Applied For
Davie, Florida	Davie, FL	65-0962395 / Not Applicable
Zip 33330-2129 / Country USA	Zip 33330-2129 / Country USA	**6.** CERTIFICATE OF STATUS DESIRED ☐ / $8.75 Additional Fee required for a Certificate of Status

7. Name and Address of Current Registered Agent

Name
Robert A. Sanchez

500041938305
10/18/04--01057--026 **750 00

Street Address (P.O. Box Number is Not Acceptable)
18391 SW 50th Street

Suite, Apt. #, Etc.

City	State	Zip Code
Southwest Ranches	FL	33331

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 ✓ _____
REGISTERED AGENT MUST SIGN

Date 10/15/2004

CR2E081 (01/04)

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/S/T/D	Robert A. Sanchez	18391 SW 50th Street	Southwest Ranches, FL 33331
		REINSTATEMENT 04	

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: ✓ _____ Robert A. Sanchez 10/15/2004   954-914-1840
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #