

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
01 OCT 17 PM 4:18
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **G75201**

1. Corporation Name
**A-1 LANDSCAPING OF
ORLANDO, INC**

2. Principal Office Address
13040 Sunset Harbor Rd

Suite, Apt. #, etc.
19

City & State
Weirsdate Florida

Zip
32195 Country

3. Mailing Office Address
**Po Box 616647 ~~GA~~
32835**

Suite, Apt. #, etc.

City & State
Orlando FL

Zip
32861 Country

4. Date Incorporated or Qualified To Do Business in Florida

5. FEI Number
59-2390085 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
Steve Mansfield

Street Address (P.O. Box Number is Not Acceptable)
13040 Sunset Harbor Rd. 200004653382-2

Suite, Apt. #, Etc.
**-10/25/01--01060--009
***1800.00 ***1800.00**

City
Weirsdate State **FL** Zip Code **32195**

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 **Steve K. Mansfield** Date **OCT, 17, 2001**
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
President	Steve Mansfield	13040 Sunset Harbor Rd	Weirsdate FL 32195

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: **Steve K. Mansfield** Date **10/17/2001** Daytime Phone # **907 2997776**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E081 (9/00)