2004 FOR PROFIT CORPORATION REINSTATEMENT

FILED
Oct 06, 2004
Secretary of State

DOCUMENT# P03000101932

Entity Name: W.B. & ASSOCIATES LAWN SERVICE, INC.

Current Principal Place of Business:

239 WEST PALM DRIVE
FLORIDA CITY, FL 33034

New Principal Place of Business:

Current Mailing Address:

PO BOX 343854
FLORIDA CITY, FL 33034

New Mailing Address:

PO BOX 901872
HOMESTEAD, FL 33090

FEI Number: 51-0484623 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

SPIEGEL & UTRERA, P.A.
1840 SW 22ND ST.
4TH FLOOR
MIAMI, FL 33145 US

Name and Address of New Registered Agent:

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: _____

Electronic Signature of Registered Agent — Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: PD ( ) Delete
Name: LOUIS, JOSEPH G
Address: 239 WEST PALM DRIVE
City-St-Zip: FLORIDA CITY, FL 33034

Title: VD ( ) Delete
Name: DESIR, WILLIAM
Address: 239 WEST PALM DRIVE
City-St-Zip: FLORIDA CITY, FL 33034

Title: SD ( ) Delete
Name: NASSAR, GAMAEL R
Address: 239 WEST PALM DRIVE
City-St-Zip: FLORIDA CITY, FL 33034

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: LOUISJOSEPH PD 10/06/2004

Electronic Signature of Signing Officer or Director — Date