


2008 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P07000079936					
1. Entity Name PABLO'S LANDSCAPING, INC.					
Principal Place of Business 605 EAST 3RD STREET LEHIGH ACRES, FL 33936 US			Mailing Address 605 EAST 3RD STREET LEHIGH ACRES, FL 33936 US		
2. Principal Place of Business - No P.O. Box # 139 Coolidge Suite, Apt. #, etc.		3. Mailing Address 139 Coolidge Suite, Apt. #, etc.			
City & State Lehigh Acres FL		City & State Lehigh Acres FL		4. FEI Number X 26-0532774	
Zip 33936		Country USA		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent COLON, PABLO N 605 EAST 3RD STREET LEHIGH ACRES, FL 33936			7. Name and Address of New Registered Agent Name Colon, Pablo N Street Address (P.O. Box Number is Not Acceptable) 605 East 3rd Street City Lehigh Acres FL Zip Code 33936		
8. 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. I am familiar with, and accept the obligations of registered agent. SIGNATURE: X <i>Pablo N. Colon</i> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
FILE NOW!!! FEE IS \$150.00 After January 1, 2009, Fee will be \$300.00			In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P COLON, PABLO N 605 EAST 3RD STREET LEHIGH ACRES, FL 33936	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition 000138688230 12/08/08--01046--004 **\$150.00	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Mr. Colon, Pablo N 605 939 Coolidge Lehigh Acres FL 33936	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Mr. Colon, Pablo N <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 139 Coolidge Lehigh Acres FL 33936	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other title empowered.					
SIGNATURE: X <i>Pablo Colon</i>			12-12-2008 Tel 239-745-7445		
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			<small>Date Daytime Phone #</small>		

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