

2009 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# P08000024053

FILED
Oct 19, 2009
Secretary of State

Entity Name: ALL SEASONS LANDSCAPING & NURSERY, CORP

Current Principal Place of Business:

New Principal Place of Business:

301 RACQUET CLUB ROAD # 309
WESTON, FL 33326

Current Mailing Address:

New Mailing Address:

PO BOX 266438
WESTON, FL 33326

FEI Number: 26-2124909

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

Name and Address of New Registered Agent:

MARIN, RODRIGO
301 RACQUET CLUB ROAD # 309
WESTON, FL 33326 US

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: RODRIGO MARIN

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:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P () Delete
Name: MARIN, RODRIGO
Address: 301 RACQUET CLUB ROAD # 309
City-St-Zip: WESTON, FL 33326

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

Title: VP () Delete
Name: MESA, FLOR M
Address: 301 RACQUET CLUB ROAD # 309
City-St-Zip: WESTON, FL 33326

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

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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: RODRIGO MARIN

P

10/19/2009

Electronic Signature of Signing Officer or Director

Date