


2005 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # V29527 1. Entity Name MON JARDIN LANDSCAPING, INC.	
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FILED
05 OCT 10 AM 11:02
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business 5069 SE PINE RIDGE WAY STUART, FL 34997	Mailing Address 5069 SE PINE RIDGE WAY STUART, FL 34997
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2. Principal Place of Business Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.
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City & State	City & State
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Zip	Country	Zip	Country
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07106105 90033 048 #150.00
 10072005 REIN-P CR2E098 (6/04)

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
LOUSBERG, JEAN MARIE 5069 SE PINE RIDGE WAY STUART, FL 34997	Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code

4. FEI Number 65-0332116	Applied For Not Applicable
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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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00 After January 1, 2006, Fee will be \$300.00	In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
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10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11			
TITLE	D	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	LOUSBERG, JEAN MARIE			NAME			
STREET ADDRESS	5069 SE PINE RIDGE WAY			STREET ADDRESS			
CITY-ST-ZIP	STUART, FL 34997			CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP				CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP				CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP				CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP				CITY-ST-ZIP			

12. I hereby certify that the information supplied with this filing does not qualify 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 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 like empowered.

SIGNATURE:  DATE: 10-09-05 DAYTIME PHONE: 772-2839958