2005 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# P03000111541

FILED May 05, 2005 Secretary of State

Entity Nan	ne: CARIBBE	EAN LAWN CARE, INC.			
Current Pr	incipal Place	of Business:	New Principal Place	New Principal Place of Business:	
	BATROSS AV LUCIE, FL 34				
Current Mailing Address:			New Mailing Address	New Mailing Address:	
743 SE ALBATROSS AVENUE PORT ST. LUCIE, FL 34983			PO BOX 880052 PORT ST. LUCIE, FL 34988		
FEI Number:	65-1206961	FEI Number Applied For ()	FEI Number Not Applicable ()	Certificate of Status Desired ()	
Name and Address of Current Registered Agent:			Name and Address of	Name and Address of New Registered Agent:	
PORT ST.	BATROSS AV LUCIE, FL 34 named entity	983 US	ourpose of changing its registered	d office or registered agent, or both,	
	RE: FRITZ SA	ANTFI			
0.0.0.		nic Signature of Registered Age	ent	Date	
Election Can	npaign Financin	3(2)(b), F.S., the corporation did no g Trust Fund Contribution ().	·		
OFFICERS AND DIRECTORS:			ADDITIONS/CHANGE	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:	
Title: Name: Address: City-St-Zip:	DPVS (SANTEL, FRITZ 743 SE ALBAT PORT ST. LUC	ROSS AVENUE	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	T (SANTEL, TAIRA 743 SE ALBAT PORT ST. LUC	ROSS AVENUE	Title: Name: Address: City-St-Zip:	() Change () Addition	

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: FRITZ SANTEL **DPVS** 05/05/2005