

**2009 FOR PROFIT CORPORATION
REINSTATEMENT**

FILED

2009 MAR 31 P 2:39

SECRETARY OF STATE
500148113555
03/31/09--01020--009 **300.00



DOCUMENT # P06000156225
1. Entity Name
ALOHA LAND CARE & ENHANCEMENT, INC.



Principal Place of Business: 16635 SW 104 CT, MIAMI, FL 33157
Mailing Address: 16635 SW 104 CT, MIAMI, FL 33157

2. Principal Place of Business - No P.O. Box #: 6229 SW 131 PL, Suite, Apt. #, etc. APT 202
3. Mailing Address: Same
Suite, Apt. #, etc.

City & State: Miami FL
City & State

Zip: 33183 Country: USA
Zip Country

03302009 REIN-P CR2E098 (1/07)
4. FEI Number Applied For
Not Applicable

5. Certificate of Status Desired \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
HERNANDEZ, JOSE
16635 SW 104 CT
MIAMI, FL 33157

7. Name and Address of New Registered Agent
Name
Street Address (P.O. Box Number is Not Acceptable)
6229 SW 131 PL APT 202
City Miami FL Zip Code 33183

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: [Signature] DATE: 3-30-09
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS \$300.00

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS	
TITLE	P <input type="checkbox"/> Delete
NAME	HERNANDEZ, JOSE
STREET ADDRESS	16635 SW 104 CT
CITY-ST-ZIP	MIAMI, FL 33157
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	NEW ADDRESS
STREET ADDRESS	6229 SW 131 PL. APT. 202
CITY-ST-ZIP	Miami FL 33183
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

REINSTATEMENT
08-09
[Signature]

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 like empowered.
SIGNATURE: [Signature] DATE: 3-30-09
Signature and typed or printed name of signing officer or director Date Daytime Phone #