

**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, APT 202  
3. Mailing Address: Same  
Suite, Apt. #, etc.: APT 202

City & State: Miami FL

Zip: 33183 Country: USA

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)

**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 NAME: HERNANDEZ, JOSE STREET ADDRESS: 16635 SW 104 CT CITY-ST-ZIP: MIAMI, FL 33157	<input type="checkbox"/> Delete
TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____	<input type="checkbox"/> Delete
TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____	<input type="checkbox"/> Delete
TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____	<input type="checkbox"/> Delete
TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____	<input type="checkbox"/> Delete
TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____	<input type="checkbox"/> Delete

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

**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