

2004 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # F01000005228

1. Entity Name
CEMROCK LANDSCAPES, INC.



FILED

04 NOV 16 PM 1:08

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business
ATTN: POLLY
4790 S. JULIAN AVE.
TUCSON, AZ 85714

Mailing Address
ATTN: POLLY
4790 S. JULIAN AVE.
TUCSON, AZ 85714

2. Principal Place of Business

3. Mailing Address

4790 S. JULIAN AVE.



Suite, Apt. #, etc.

Suite, Apt. #, etc.

11032004

REIN-P

CR2E098 (6/04)

City & State

TUCSON AZ

City & State

TUCSON

4. FEI Number

86-0893628

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

SISSON, LARRY
218 SOUTHERN COUNTRY LANE
QUINCY, FL 32351

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

11/12/04

FILE NOW!!! FEE IS \$150.00

After January 1, 2005, Fee will be \$300.00

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

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PD
NAME OLSON, JAMES B
STREET ADDRESS 12320 E. SUTTERMILL
CITY-ST-ZIP TUCSON, AZ 85749

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE V
NAME SHAW, DAVID
STREET ADDRESS 901 E MAGEE
CITY-ST-ZIP TUCSON, AZ 85718

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE AS
NAME BENNICH, HANS
STREET ADDRESS 3622 WEST EAGLES VIEW PLACE
CITY-ST-ZIP TUCSON, AZ 85745

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ST
NAME OLSON, LISA
STREET ADDRESS 12320 E. SUTTERMILL
CITY-ST-ZIP TUCSON, AZ 85749

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
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 an officer or other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

11/12/04

Date

Daytime Phone #

520
571-1999