

# 2014 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# F13000003735

**FILED**  
**Oct 02, 2014**  
**Secretary of State**

**Entity Name:** LUCAS NURSERY AND LANDSCAPING INC.

**Current Principal Place of Business:**

9779 FORD ROAD  
SUPERIOR TWSP, MI 48198

**New Principal Place of Business:**

**Current Mailing Address:**

9779 FORD ROAD  
SUPERIOR TWSP, MI 48198

**New Mailing Address:**

**FEI Number:** 38-2251921

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

LUCAS, ROBERT  
13557 RANCLAND  
HOBE SOUND, FL 33455 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE: ROBERT F LUCAS

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: CPVP  
Name: LUCAS, ROBERT F  
Address: 13557 RANCLAND AVE  
City-St-Zip: HOBE SOUND, FL 33455

Title: ST  
Name: LUCAS, ROBERT F  
Address: 13557 RANCLAND AVE  
City-St-Zip: HOBE SOUND, FL 33455

I hereby 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 all other like empowered.

SIGNATURE: ROBERT F LUCAS

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

CPVP

10/02/2014

\_\_\_\_\_  
Date