

**2012 FOR PROFIT CORPORATION REINSTATEMENT**

DOCUMENT# F66302

**FILED  
Oct 10, 2012  
Secretary of State**

**Entity Name:** Q. MITCHELL NURSERY, LANDSCAPING, WELLS & SPRINKLERS, INC.

**Current Principal Place of Business:**

2816 W. SUNRISE BLVD.  
FT LAUDERDALE, FL 33311

**New Principal Place of Business:**

**Current Mailing Address:**

2816 W. SUNRISE BLVD.  
FT LAUDERDALE, FL 33311

**New Mailing Address:**

**FEI Number:** 59-2389720      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired ( )**

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

MITCHELL, QUILONE  
3041 N.W. 5 COURT  
FT LAUDERDALE, FL 33311      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: QUILONE MITCHELL

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

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: P  
Name: MITCHELL, QUILONE  
Address: 3041 N.W. 5 COURT  
City-St-Zip: FT LAUDERDALE, FL 33311

Title: V  
Name: MITCHELL, MICHAEL  
Address: 2936 NW 8TH PLACE  
City-St-Zip: FT LAUDERDALE, FL 33311

Title: S  
Name: BROWN, ALTHMEASE  
Address: 2936 NW 8TH PLACE  
City-St-Zip: FT LAUDERDALE, FL 33311

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: ALTHMEASE BROWN

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

S

10/10/2012

\_\_\_\_\_  
Date