

# 2011 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# K68943

Entity Name: M & M NURSERIES, INC.

FILED  
Jan 06, 2011  
Secretary of State

**Current Principal Place of Business:**

5339 EMERSON AV  
ST LUICE, FL 349511608

**New Principal Place of Business:**

**Current Mailing Address:**

8098 PICOS ROAD  
FORT PIERCE, FL 34945

**New Mailing Address:**

FEI Number: 65-0106855

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

MCMGUIRE, PETER M  
893 WOODLANDS DRIVE  
PORT SAINT LUCIE, FL 34952 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: PETER M MCGUIRE

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: P  
Name: MCGUIRE, PETER M  
Address: 893 WOODLANDS DR  
City-St-Zip: PORT ST LUCIE, FL 34952

Title: ST  
Name: GAVER, MARGARET M  
Address: 8098 PICOS RD  
City-St-Zip: FT PIERCE, FL 34945

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: MARGARET M GAVER

Electronic Signature of Signing Officer or Director

ST

01/06/2011

Date