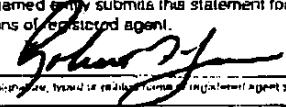
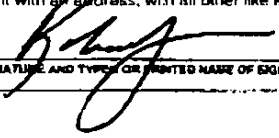


REINSTATEMENT

FILED
05 MAR 29 PM 4:01
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P00000007554			
1. Entity Name BLOOMINGS LANDSCAPE AND LAWN MAINTENANCE, INC.			
Principal Place of Business 5824 BEE RIDGE RD #165 SARASOTA, FL 34233		Mailing Address 5824 BEE RIDGE RD #165 SARASOTA, FL 34233	
2. Principal Place of Business 719 CATTLEMAN RD		3. Mailing Address	
State, Apt. #, etc.		Suite, Apt. #, etc.	
City & State SARASOTA FL		City & State	
Zip 34233	Country SARASOTA	Zip	Country
4. FEI Number 59-3621470		Applied For Not Applicable	
5. Certificate of Status Desired ☐		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent YARISH, ROBERT F 250 HERONS RUN DRIVE #205 SARASOTA, FL 34232		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 5824 Bee Ridge Rd, #165 City Sarasota FL Zip Code 34233	
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 		DATE 10/18/04	
FILE NOW!! FEE IS \$750.00 After January 1, 2005, Fee will be \$800.00		(NOTE: Registered Agent signature required when reinstating)	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD YARISH, ROBERT 5824 BEE RIDGE ROAD, #165 SARASOTA, FL 34233 ☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition 10/25/04 01006 005 -
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VD JOHNSON, JOSEPH 5824 BEE RIDGE RD #165 SARASOTA, FL 34233 ☒ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition \$750.00
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VD LARIMORE, MICAH 5824 BEE RIDGE RD #165 SARASOTA, FL 34233 ☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition
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 all other like empowered.			
SIGNATURE: 		DATE 10/18/04 94-377-2779	
SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date	