Re 2004

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	Mailing Address
5824 BEE RIDGE RD #165 SARASOTA, FL 34233	5824 BEE RIDGE RD #165 SARASOTA, FL 34233

10112004 REIN-P CR2E098 (6/04)

2. Principal Place of Business	3. Mailing Address
719 CATTLEMAN RD	
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: SARASOTA FL	City & State
Zip: 34232 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	7. Name and Address of New Registered Agent
YARISH, ROBERT F 250 HERONS RUN DRIVE #205 SARASOTA, FL 34232	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: [signature] 10/18/04
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $760.00
After January 1, 2005, Fee will be $800.00

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	10/25/04 01006 005 - $750.00	☐ Change ☐ Addition
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
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: [signature] 10/18/04 941-377-2779
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #