## 2006 FOR PROFIT CORPORATION REINSTATEMENT

Pintopial Place of Business  SIRS ANDRIOSH 80 SARASOTA, R. 34238  SARASOTA, R. 34238  SARASOTA, R. 34238  SARASOTA, R. 34238  SARASOTA, R. 34233		MENT # P00000007	7554						
SEAR SOLA, FL. 34233  SUBLE, Apt. 6, etc.  Suble, A	1. Entity Name BLOOMINGS LAND AND TURF MANAGEMENT, INC.					-			
SEAR SOLA, FL. 34233  SUBLE, Apt. 6, etc.  Suble, A	Dringing Diago of Dunings				( e e .	$\dashv$	ACOUT -3 P	M 2:55	
SARASOTA, FL 34238  2. Principal Place of Business  Suite, Apt. #, etc.  Cry 6 State  City 6 State  City 6 State  City 6 State  Country  Zip  Country  S. Sericl Additions of States Desired  S. Sericl Additions of States Desired  S. Sericl Additions of Current Registered Agent  YARISH, ROBERT F  Seried Additions of Current Registered Agent  VARISH, ROBERT F  Seried Additions of Current Registered Agent  VARISH, ROBERT F  Seried Additions of Current Registered Agent  VARISH, ROBERT F  Seried Additions of Current Registered Agent  VARISH, ROBERT F  Seried Additions of Country submits this sationment for the purposes of changing its registered agent, or both, in the State of Roticity  City  FLL Zip Code  8. The above named entity submits this sationment for the purposes of changing its registered agent, or both, in the State of Roticity  City  FLL Zip Code  8. The above named entity submits this sationment for the purposes of changing its registered agent, or both, in the State of Roticity  The above named entity submits this sationment for the purposes of changing its registered agent, or both, in the State of Roticity  SECHATURE  SERVED Additions of City Base of Roticity  FLL Xip Code  8. The above named entity submits this sationment for the purposes of changing its registered agent, or both, in the State of Roticity  FLL Xip Code  8. The above named entity submits this sationment for the purpose of changing its registered agent, or both, in the State of Roticity  City  FLL Xip Code  8. The Additions of Roticity State o	•		•						
2. Principal Place of Business  Suite, April, 4, etc.    1,00272006   REIN-P   CR2608 (11/05) 0 6	SARASOTA, F	L 34238					الإيازية المالايان	T S A LE	
Suite, Apt. #, etc.    Suite, Apt. #, etc.						1 18 6 11 8 11 1	LERN ÁNTA KENR ÁRIÐ KRÍÐA ÍÐAR ÍÐAR Í	- 1- 1- 1- 1- 1- 1- 1- 1- 1- 1- 1- 1- 1-	
City & State  Country  Zo  Coun	2. Principal P	face of Business	3. Mailing Address						
Sp-3621470   Sp-	Suite, Apt.	#, etc.	Suite, Apt. #, etc.			09272006	REIN-P CF	R2E098 (11/05)	<u>U</u> 6
See Name and Address of Current Registered Agent  7. Name and Address of Name September Agent  7. Name and Address of Name Registered Agent  7. Name Registered Agent  7. Name and Address of Name Registered Agent  7. Name and Address of Name Registered Agent  7. Name Registered Agent  7. Name and Address of Name Registered Agent  7. Name Registered Agent  7. Name Registered Agent  7. Name and Address of Name Registered Agent  7. Name Registered Agent  8. Name Registered Agent  9. Na	City & State		City & State			1		<u> </u>	
Site of Address of New Registered Agent  YARISH, ROBERT F Street Address (P.O. Box Number is Not Acceptable)  City  FL Zip Code  8. The above named write submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Fhorida. I um translar with, and accept the obligations of registered agent.  SIGNATURE  PLE NORTH FEE \$750.00  ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11  NAME VARISH, ROBERT  NAME VARISH ROBERS	Zip	Country	Zip	Coun	try			\$8.75 Add	ditional
Sized Address (P.O. Box Number is Not Acceptable)  A. The above named entity submits the 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 required agent.  SIGNATURE  Diversify registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of required agent.  PILLE HOWITI PEE IS \$750.00  After January 1, 2007, Fee will be \$900.00  19. OFFICERS AND DIRECTORS  TILLE HOWITI PEE IS \$750.00  After January 1, 2007, Fee will be \$900.00  19. OFFICERS AND DIRECTORS  TILLE HOWITI PEE IS \$750.00  After January 1, 2007, Fee will be \$900.00  19. OFFICERS AND DIRECTORS  TILLE HOWITI PEE IS \$750.00  After January 1, 2007, Fee will be \$900.00  19. OFFICERS AND DIRECTORS  TILLE HOWITI PEE IS \$750.00  After January 1, 2007, Fee will be \$900.00  19. OFFICERS AND DIRECTORS  TILLE HOWITI PEE IS \$750.00  After January 1, 2007, Fee will be \$900.00  19. OFFICERS AND DIRECTORS  TILLE HOWITI PEE IS \$750.00  After January 1, 2007, Fee will be \$900.00  19. OFFICERS AND DIRECTORS IN 11  TILLE HOWITI PEE IS \$750.00  After January 1, 2007, Fee will be \$900.00  19. OFFICERS AND DIRECTORS IN 11  TILLE HOWITI PEE IS \$750.00  Addition  TILLE HOWITI PEE IS \$750.00  AMERICANCES COPY-5-2P  TILLE HOW		6. Name and Address of Current	Registered Agent	l	:	7. Name and	Address of New Registe	<del> </del>	,u
Silved Additions (P.O. Box Number is Not Acceptable)  Silved Additions (P.O. Box Number is Not Acceptable)  Silved Additions (P.O. Box Number is Not Acceptable)  File above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. Jum familiar with, and accept the obligations of registered agent, or both, in the State of Florida. Jum familiar with, and accept the obligations of registered agent, or both, in the State of Florida. Jum familiar with, and accept the obligations of registered agent, or both, in the State of Florida. Jum familiar with, and accept the obligations of registered agent, or both, in the State of Florida. Jum familiar with, and accept the obligations of registered agent, or both, in the State of Florida. Jum familiar with, and accept the obligations of registered agent, or both, in the State of Florida. Jum familiar with, and accept the obligations of registered agent, or both, in the State of Florida. Jum familiar with, and accept the obligations of registered agent, or both, in the State of Florida. Jum familiar with, and accept the obligations of registered agent, or both, in the State of Florida. Jum familiar with, and accept the obligations of registered agent, or both, in the State of Florida. Jum familiar with, and accept the state of Florida. Jum familiar with, and accept the State of Florida. Jum familiar with, and accept the State of Florida. Jum familiar with, and accept the State of Florida. Jum familiar with, and accept the State of Florida. Jum familiar with, and accept the Florida. Jum familiar with, and accept the Florida. Jum familiar with and accept the Florida. Jum familiar with, and accept the Florida. Jum familiar with, and accept the Florida. Jum familiar with and accept the Florida. Jum familiar with, and accept the Florida. Jum familiar with, and accept the Florida. Jum familiar with and accept the Florida. Jum familiar with and accept the Florida. Jum familiar with and accept the Florida. Jum familiar wi	VADICU E	ODEDT C			Name				
Entry I Zip Code  8. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of regarding agent.  SIGNATURE    Purpose of price registered agent.   Purpose of the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of regarding agent agent agent agent agent agent agent.  SIGNATURE   Purpose of price registered agent.   Purpose of price	5824 BEE			Street Address	P.O. Box Number is Not Acceptable)				
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.  9	SARASOI	A, FL 34233			•				
SIGNATURE   LARMAC   Delde   TITLE   NAME   Change   Addition   MAKE   STREET ADDRESS   CITY-ST-2P   Delde   TITLE   NAME   Change   Addition   MAKE   Change   Change   Addition   MAKE   Change   Chang					City FL Zip Code				
SIGNATURE  Spentry hydroid a practical regard in spent and life 4 appetation.  PATE Registered Agent appetation required when retweathing)  PILE NOWIII PEE IS \$750.00  After January 1, 2007, Foe will be \$900.00  19. OFFICERS AND DIRECTORS  11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11  ITTLE  VARISH, ROBERT  NAME  VARISH, ROBERT  SIRET ADDRESS  CITY-S1-2P  SARASOTA, FL 34233  ITTLE  LARIMORE, MICAH  SIRET ADDRESS  CITY-S1-2P  ITTLE  LARIMORE, MICAH  SIRET ADDRESS  CITY-S1-2P  ITTLE  NAME  SIRET ADDRESS  CITY-S1-2P  TO Change   Addition  Addition  ADDITIONS/CHANGES   Addition  ADDITIONS/CHANGES   Addition  ADDITIONS/CHANGES   Addition  ADDITIONS/CHANGES   ADDRESS  CITY-S1-2P  TO Change   Addition  ADDITIONS/CHANGES   Addition  ADDITIONS/CHANGES   ADDRESS  CITY-S1-2P  TO Change   Addition  ADDITIONS/CHANGES   ADDRESS  CITY-S1-2P  CHANGE			or the purpose of changing its	registere	ed office or registe	ered agent, or both	n, in the State of Florida.	I am familiar with,	and accept
FILE NOWIII FEE IS 3750.00 After January 1, 2007, Fee will be \$900.00  ITILE PD THE PARISH, ROBERT NAME YARISH, ROBERT SARASOTA, FL 34233  CITY-S1-2P  THE VD LARIMORE, MICAH STRET ADDRESS CITY-S1-2P  THE NAME STRET ADDRESS CIT	_	Klya 2 March					9/2	7/0/	
11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS   11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11  TITLE  WANE SIREH ADDRESS SIREH ADDRE	SIGNATURE	Signatury typed or printed regressive registered agent	and title if applicable. (NOT	TE: Registers	ed Agent elgneture requ	stred when reinstating)		PATE .	I
11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS   11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11  TITLE  WANE SIREH ADDRESS SIREH ADDRE							•		
INTLE NAME  YARISH, ROBERT  S824 BEE RIDGE ROAD, #165  CITY-ST-2P  SARASOTA, FL 34233  INTLE  LARIMORE, MICAH  SITHET ADDRESS  CITY-ST-2P  SARASOTA, FL 34233  INTLE  LARIMORE, MICAH  SITHET ADDRESS  CITY-ST-2P  SARASOTA, FL 34233  CITY-ST-2P  INTLE  NAME  SITHET ADDRESS  CITY-ST-2P	After Jas	wary 1, 2007, Fee will be \$900.0							
WARE ADDRESS SINEET A	10.	Y		_	- 1	ADDITIONS/0	CHANGES TO OFFICERS		
CITY-ST-2P SARASOTA, FL 34233 CITY-ST-2P Delete TITLE NAME SARASOTA, FL 34233 CITY-ST-2P Delete TITLE NAME SARASOTA, FL 34233 CITY-ST-2P Delete TITLE NAME STREET ADDRESS CITY-ST-2P TITLE NAME STREET ADDRESS CITY-ST-2P CI	NAME	l · =	∟ veace			71	MOBUBE	18-11-1 F	
TITLE VD LARIMORE, MICAH STREET ADDRESS CITY-ST-ZIP TITLE NAME NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME NAME NAME NAME NAME NAME NAME NAM	STREET ADDRESS	, ·				10705	%'U5U1UZi	JI 9975	წ.75 [
NAME SITEET ADDRESS CITY-ST-2P  TITLE NAME SITEMAN SITEM			□ Dejete	_				□ Change	[ ] Addition
CITY-ST-ZIP  SARASOTA, FL 34233  CITY-ST-ZIP  ITILE  MAME  SIRECT ADDRESS CITY-ST-ZIP  TITLE  MAME  SIRECT ADDRESS CITY-ST-ZIP  Delete  TITLE  MAME  SIRECT ADDRESS CITY-ST-ZIP  CITY-ST-ZIP  Change  Addition  AMAL  SIRECT ADDRESS CITY-ST-ZIP  CITY-ST-ZIP  TITLE  MAME  SIRECT ADDRESS CITY-ST-ZIP  CITY-ST-ZIP  TITLE  MAME  SIRECT ADDRESS CITY-ST-ZIP  CITY-ST-ZIP  Change  Addition  AMAL  SIRECT ADDRESS CITY-ST-ZIP  CITY-ST-ZIP  CHANGES  CITY-ST-ZIP  Change  Addition  AMAL  SIRECT ADDRESS CITY-ST-ZIP  CITY-ST-ZIP  CHANGES  CITY-ST-ZIP  CHANG	NAME		□ beide					□ Change	
TITLE MAME STREET ADDRESS CITY-ST-ZIP  ITTLE MAME STREET ADDRESS CITY-ST-ZIP  ADDRESS CITY-ST-ZIP  ITTLE MAME STREET ADDRESS CITY-ST-ZIP	STREET ADDRESS								
NAME STREET ADDRESS CITY-ST-ZIP  TITLE NAME STREET ADDRES		SARASOTA, FL 34233	П.						T Market
CITY-ST-ZIP    CITY-ST-ZIP	NAME		L.} Delete					L Unange	Addition
TITLE    Delete   TITLE     Change   Addition	STREET ADDRESS	10 /	}	STRE	ET ADDRESS				
NAME SIREET ADDRESS CITY-ST-ZIP  TITLE NAME SIREET ADDRESS CITY-ST-ZIP  TO Lange Addition NAME SIREET ADDRESS CITY-ST-ZIP  TO Lange Addition NAME SIREET ADDRESS CITY-ST-ZIP  TO Lange Addition NAME SIREET ADDRESS CITY-ST-ZIP  TITLE NAME SIREET ADDRESS CITY-ST-ZIP  TO Lange Addition NAME SIREET ADDRESS CITY-ST-ZIP  Change Addition NAME SIREET ADDRESS CITY-ST-ZIP  CHANGE ADDRESS CITY-ST-ZIP  Addition NAME SIREET ADDRESS CITY-ST-ZIP  CHANGE ADDRESS CITY-ST-ZIP  Addition NAME SIREET ADDRESS CITY-ST-ZIP  CHANGE ADDRESS CITY-ST-ZIP  ADDRESS CITY-ST-ZIP  ADDRESS CITY-ST-ZIP  ADDRESS CITY-ST-ZIP  CHANGE ADDRESS CITY-ST-ZIP  ADDRESS CI		\$ 10	4	_					
STREET ADDRESS CITY-ST-ZIP  TITLE    Delde	NAME		■ Delete					∐ Change	∐ Addition
Delete TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	STREET ADDRESS								
NAME STREET ADDRESS CITY-ST-ZIP  TITLE NAME STREET ADDRESS CITY-ST-ZIP  TITLE NAME STREET ADDRESS CITY-ST-ZIP  TO Delete  TITLE NAME STREET ADDRESS CITY-ST-ZIP  12. I hereby certify that the information supplied with this filling does not qualify for the exemptions contained in Chapter 119, 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 eddress, with all other like empowered.  SIGNATURE:	CITY-ST-ZIP			CITY	-SI-ZIP				
STREET ADDRESS CITY-ST-ZIP  TITLE NAME STREET ADDRESS CITY-ST-ZIP  12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 eddress, with all other like empowered.  SIGNATURE:	TITLE NAME		☐ Delete					☐ Change	☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP  12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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:	STREET ADDRESS	4							
NAME STREET ADDRESS CITY-ST-ZIP  12. I hereby certify that the information supplied with this filling does not qualify for the exemptions contained in Chapter 119, 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:	CITY-ST-ZIP	P.142-4		CITY	-ST-ZIP			·	
STREET ADDRESS CITY-ST-ZIP  12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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:	TITLE		☐ Delete					☐ Change	Addition
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119. 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:	NAME STREET ADDRESS								ļ
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:	CITY-ST-ZIP								ĺ
changed, or on an attachment with an address, with all other like empowered.  SIGNATURE: 927/06 941-927-9745	indicated of the cor	on this report or supplemental report i poration or the receiver or trustee emp	s true and accurate and that i owered to execute this report	my signat t as requi	ture shall have the	e same legal effect	as if made under oath; t	hat I am an office	r or director
	changed	, or on an attachment with an address,	with all other like empowered	d.	, ,		1/1		
	SIGNAT	URE: KHUM	Want				9/27/06	141-92	7-9745
			PRINTED NAME OF SIGNING OFFICER	OR DIRECT	TOR		Date	Daytime Phone #	