



2006 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P0000007554 1. Entity Name BLOOMINGS LAND AND TURF MANAGEMENT, INC.				FILED 06 OCT -3 PM 2:55 SECRETARY OF STATE TALLAHASSEE, FLORIDA 	
Principal Place of Business 6187 S. MCINTOSH RD SARASOTA, FL 34238		Mailing Address 5824 BEE RIDGE RD., #165 SARASOTA, FL 34233		09272006 REIN-P CR2E098 (11/05) 06	
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.		4. FEI Number 59-3621470	
City & State		City & State		Applied For <input type="checkbox"/> Not Applicable	
Zip	Country	Zip	Country	5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent YARISH, ROBERT F 5824 BEE RIDGE RD., #165 SARASOTA, FL 34233			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City State FL Zip Code		
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 <u><i>Robert F. Yarish</i></u> <small>Signature typed or printed name of registered agent and title if applicable.</small>		DATE <u>9/27/06</u> <small>(NOTE: Registered Agent signature required when reinstating)</small>		FILE NOW!!! FEE IS \$750.00 After January 1, 2007, Fee will be \$900.00	
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 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition 700020386037 10/03/06--01021--017 **758.75		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD LARIMORE, MICAH 5824 BEE RIDGE RD #165 SARASOTA, FL 34233 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<u><i>02/16/11</i></u> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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: <u><i>Robert F. Yarish</i></u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		DATE: <u>9/27/06</u>		DAYTIME PHONE #: <u>941-927-9745</u>	