


2005 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P00000024837 1. Entity Name GARCIA'S LANDSCAPING & LAWN MAINTENANCE, INC.	
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FILED

05 JUN 10 AM 9:30

SECRET
TALLahassee

Principal Place of Business 4611 S. CONGRESS #107 LAKE WORTH, FL 33461	Mailing Address 4611 S. CONGRESS #107 LAKE WORTH, FL 33461
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2. Principal Place of Business 3483 Hi st Suite, Apt. #, etc.	3. Mailing Address 3483 Hi st Suite, Apt. #, etc.
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06012005 REIN-P CR2E098 (6/04)

City & State Lake worth FL	City & State Lake worth FL		
Zip 33461	Country Palm Beach	Zip 33461	Country Palm Beach

4. FEI Number 65-0990234	Applied For Not Applicable
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6. Name and Address of Current Registered Agent GARCIA, JOSE R 3483 HI STREE LAKE WORTH, FL 33461	7. Name and Address of New Registered Agent Name Jose R Garcia Street Address (P.O. Box Number is Not Acceptable) 3483 Hi st Lake worth, FL 33461 City FL Zip Code
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5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
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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  <small>Signature of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>	DATE 6-6-05
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FILE NOW!!! FEE IS \$900.00

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PVST <input type="checkbox"/> Delete GARCIA, JOSE R 4611 S CONGRESS APT 107 LAKE WORTH, FL 33461	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition 100055983381 06/09/05--01072--005 ***900.00
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
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
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 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:  Jose R Garcia <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>	Date 6-6-05 (561) 357-5861 <small>Daytime Phone #</small>
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(561) 716-3570