

# 2009 FOR PROFIT CORPORATION REINSTATEMENT

**FILED**

09 FEB 26 AM 8:55

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



02112009 REIN-P CR2E098 (1/07)

**DOCUMENT # P01000072187**

1. Entity Name  
ISLANDS LANDSCAPING AND DESIGN, INC.



Principal Place of Business  
5703 RED BUG LAKE ROAD #372  
WINTER SPRINGS, FL 32708

Mailing Address  
7226 W COLONIAL DR #263  
ORLANDO, FL 32818

2. Principal Place of Business - No P.O. Box #  
Suite, Apt. #, etc.

3. Mailing Address  
5703 Red Bug Lake Rd  
372  
City & State  
Winter Springs  
Zip  
FL  
Country  
32708

6. Name and Address of Current Registered Agent  
SHELLY, RAYMOND  
696 BARRINGTON CIRCLE  
WINTER SPRINGS, FL 32708

7. Name and Address of New Registered Agent  
Name  
Street Address (P.O. Box Number is Not Acceptable)  
City  
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 \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$300.00**

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PO SHELLY, RAYMOND 696 BARRINGTON CIRCLE WINTER SPRINGS, FL 32708 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition 700144518617 02/26/09--01030--008 **300.00
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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: Raymond Shelly, Director Date: 2/26/09 448-2108

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR