

2004 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# P01000098295

FILED
Nov 30, 2004
Secretary of State

Entity Name: GOLD COAST SOD & LANDSCAPE PRODUCTS, INC.

Current Principal Place of Business:

8521 BOYNTON BEACH BLVD
BOYNTON BEACH, FL 33437 US

New Principal Place of Business:

Current Mailing Address:

8521 BOYNTON BEACH BLVD
BOYNTON BEACH, FL 33437 US

New Mailing Address:

FEI Number: 65-1145773 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

O'QUINN, GILDA
8521 BOYNTON BEACH BLVD
BOYNTON BEACH, FL 33437 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: O'QUINN, GILDA
Address: 1815 NORTH STATE ROAD 7
City-St-Zip: MARGATE, FL 33063

Title: D () Delete
Name: O'QUINN, CHANCE
Address: 1815 NORTH STATE ROAD 7
City-St-Zip: MARGATE, FL 33063

Title: D () Delete
Name: O'QUINN, LUDWELL
Address: 1815 NORTH STATE ROAD 7
City-St-Zip: MARGATE, FL 33063

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change () Addition
Name: O'QUINN, GILDA
Address: 7982 MERANO REEF LANE
City-St-Zip: LAKE WORTH, FL 33467

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: GILDA O'QUINN

Electronic Signature of Signing Officer or Director

PRES

11/30/2004

Date