

2005 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P02000015341		
1. Entity Name A AND A LAWN CARE AND LANDSCAPING INC.		

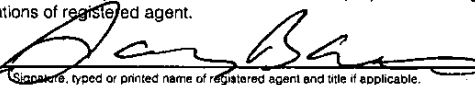
Principal Place of Business 10805 NW 46TH DR CORAL SPRINGS, FL 33076	Mailing Address 10805 NW 46TH DR CORAL SPRINGS, FL 33076
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2. Principal Place of Business 1762 NW 82 Ave Suite, Apt. #, etc.	3. Mailing Address 1762 NW 82 Ave Suite, Apt. #, etc.
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City & State Coral Springs FL	City & State Coral Springs FL
Zip 33071	Country USA
Zip 33071	Country USA

6. Name and Address of Current Registered Agent BAXTER, GARY 5801 NW 119 TERR CORAL SPRINGS, FL 33076		7. Name and Address of New Registered Agent Name: Gary Baxter Street Address (P.O. Box Number is Not Acceptable): 1762 NW 82 Ave City: Coral Springs FL Zip Code: 33071	
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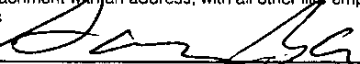
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE:  (Signature, typed or printed name of registered agent and title if applicable.) (NOTE: Registered Agent signature required when reinstating.) DATE: 3-2-05

FILE NOW!!! FEE IS \$300.00	In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BAXTER, GARY 5801 NW 119 TERR CORAL SPRINGS, FL 33076 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 1762 NW 82 Ave Coral Springs FL 33071
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 300048417783 03/15/05--01029--015 **300.00
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

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:  (Signature and typed or printed name of signing officer or director.) DATE: 3-2-05 (954) 575-2391 Daytime Phone #

FILED
05 MAR -7 PM 12:49
SECRETARY OF STATE
TALLAHASSEE, FLORIDA



03032005 REIN-P CR2E098 (6/04)

4. FEI Number 02-0643191	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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