

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.


**FILED**

2006 OCT 27 PM 4:56

SECRETARY OF STATE  
TALLAHASSEE FLORIDA

CR2E081 (12/05)

**CORPORATION REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

**DOCUMENT # P02000032101**

1. Corporation Name  
**Baird Landscaping, Inc.**

2. Principal Office Address <b>4487 NW 42 Terrace</b>		3. Mailing Office Address <b>Same</b>	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State <b>Coconut Creek, FL</b>		City & State	
Zip <b>33073</b>	Country <b>USA</b>	Zip	Country

4. Date Incorporated or Qualified To Do Business in Florida **3/18/2002**

5. FEI Number <b>74-3035638</b>	Applied For
	Not Applicable

6. CERTIFICATE OF STATUS DESIRED  \$8.75 Additional Fee required for a Certificate of Status

7. Name and Address of Current Registered Agent

Name  
**Patrick S. Baird**

Street Address (P.O. Box Number Is Not Acceptable)  
**4487 NW 42 Terrace**

Suite, Apt. #, Etc.

City  
**Coconut Creek**

State  
**FL**

Zip Code  
**33073**

**500081268365**  
10/27/06--01009--009 \*\*1057.00

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.

Signature of Registered Agent *Patrick S. Baird* Date **10/23/06**

REGISTERED AGENT MUST SIGN

9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
D,P	Patrick S. Baird	4487 NW 42 Terrace	Coconut Creek, FL 33073
S	Wendy D. Baird	4487 NW 42 Terrace	Coconut Creek, FL 33073

**REINSTATEMENT 04-06**

10. I certify that I am an officer or director or the receiver or trustee empowered to execute this application as provided for in chapter 607 or 617, F.S. I further certify that when filing this reinstatement application, the reason for dissolution has been eliminated, the corporate name satisfies the requirements of section 607.0401 or 617.0401, F.S., that all fees owed by the corporation have been paid and the names of individuals listed on this form do not qualify for an exemption contained in Chapter 119, F.S. The information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.

SIGNATURE: *Patrick S. Baird* Date **10/23/06** Daytime Phone # **954-520-3942**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

OCT 27 2006

**Paul R. Alfieri, Esq.**  
Attorney and Counselor at Law

5143 NW 42 Terrace  
Coconut Creek, FL 33073

Tel: (954) 315-4315  
Fax: (954) 301-2622

October 23, 2006

Secretary of State  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

Reference: Baird Landscaping, Inc.  
Document # P02000032101  
Reinstatement

Dear Sir or Madam:

Enclosed is the fully executed Corporation Reinstatement for the above referenced corporation together with our check in the amount of \$1050.00 representing the applicable filing fees for the reinstatement.

Please reinstate the corporation effective January 1, 2006.

Thank you for your assistance in this matter.

Sincerely,



Paul R. Alfieri, Esq.

PRA/  
Encl.