2005 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P02000064373						FILEC	į		
1. Entity Name GREEN GRASS LAWN SERVICES III, INC					05 FE	816 PM 1	. 0 -		
Principal Plac	e of Business	Mailing Address	Mailing Address			1 Lat. 1 - 0=	. 07		
17066 NW 5 MIAMI, FL 3		17066 NW 56 CT Miami, FL 33055			SECILLIANS STATE TALLAHASSEE, FLORIDA				
2. Principal P	face of Business	3. Mailing Address	3. Mailing Address						
Suite, Apt.	#, etc.	Suite, Apt. #, etc.			01292005	REIN-P	CR2E098 (6	/04)	
City & Stat	е	City & State			4. FEI Number Applied For 03-0461873 Not Applicable				
Zip	Country	Zip	Country		5. Certificate	of Status Desired	□ \$8.75 Fee Re	5 Additional equired	
	6. Name and Address of Curre	nt Registered Agent	Nom			Address of New I		14/05	
NUNEZ; CESAR				Name UUSUUU BOUU GEBUUU O9705					
17066 NW MIAMI, FL			Street Address			(P.O. Box Number is Not Acceptable)			
			City		. =		FL Zig	Code	
8. The above	named entity submits this statement	The the purpose of changing its	registered offic	e or registe	red agent, or bo	ith, in the State of F		with, and accept	
the obligat	ions of registree agent.	inl					2-13	-05	
	Signature, typed or printed name of register diag-	ent and tapplicable. (NOTE	: Registered Agent	eignature requi	red when reinstating) _.	DATE		
FI	LE NOW!!! FEE IS \$300.00					In accordance corporation did	with s. 607.193(2 not receive the p	?)(b), F.S., the prior notice.	
10.		D DIRECTORS	11.			CHANGES TO OF	FICERS AND DIREC	CTORS IN 11	
TITLE NAME STREET ADDRESS	VPDT NUNEZ, DELORES 17066 NW 56 CT	☐ Delete	TITLE NAME STREET ADDRE	SS 170	SAR NO	w. 56 c	□ Ch	ange Addition	
CITY-ST-ZIP	MIAMI, FL 33056		CITY-ST-ZIP	100		FC 3305			
TIFILE NAME STREET ADDRESS CITY-ST-ZIP		□ Delete	TITLE HAME STREET ADDRE CHY-ST-ZIP	SS	03	50004 702/0501	- 75422 007011	**3D0.00	
TITLE		☐ Delete	TITLE				☐ Ch	ange 🔲 Addition	
NAME STREET ADDRESS CITY-SI-ZIP			NAME STREET ADORE CITY-ST-ZIP	SS					
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRE CITY-ST-2IP	ss			□ Ch	ange 🗋 Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE HAME STREET ADDRE	ss			☐ Ch	ange 🔲 Addition	
TITLE NAME STREET ADDRESS CITY-SI-ZIP		☐ Delete	TITLE NAME STREET ADDRE CITY-ST-ZIP	ss			Ch	ange 🗌 Addition	
indicated	certify that the information supplied w on this report or supplemental repor poration or the receiver of trustee en or on an attachment with an address	t is true and accurate and that m	ny signature sha	all have the	same legal effe	ct as if made under	oath: that I am an o	officer or director	
SIGNAT		R PRINTED NAME OF SUSNING OFFICER O	OR DIRECTOR			2-13-0	25 Dayuma Pi	vra 4	
						J4.0	Dayunia Pi		