


# 2007 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P02000065144		
1. Entity Name ORLANDO GARDEN & LANDSCAPING CO.		

FILED

08 JAN -3 PM 12:19

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Principal Place of Business 149 HONEYWOOD DR KISSIMMEE, FL 34743	Mailing Address 149 HONEYWOOD DR KISSIMMEE, FL 34743
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2. Principal Place of Business - No P.O. Box # 2607 Kent Pl	3. Mailing Address 2607 Kent Place
Suite, Apt. #, etc. Apt F	Suite, Apt. #, etc. Apt F
City & State Kissimmee	City & State Kissimmee
Zip 34741	Country OSceola



REINSTATEMENT 2007

4. FEI Number 56-2288789	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent RAMIREZ, EDER E 149 HONEYWOOD DR. KISSIMMEE, FL 34743	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code
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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 Eder E Ramirez DATE 12/14/07  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00 After January 1, 2008, Fee will be \$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	PD RAMIREZ, EDER E 149 HONEYWOOD DR. KISSIMMEE, FL 34743	TITLE NAME STREET ADDRESS CITY-ST-ZIP	2607 Kent Pl, Apt F Kissimmee, FL 34741
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	300113644263 01/03/08--01044--004 **158.75
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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: Eder E Ramirez DATE 12/14/07  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR