

**2008 FOR PROFIT CORPORATION
REINSTATEMENT**

DOCUMENT # P02000100830

1. Entity Name
GROUND COVER LANDSCAPING INC



Principal Place of Business
1910 RUNNING HORSE TRAIL
ST CLOUD, FL 34771

Mailing Address
P.O. BOX 702316
ST. CLOUD, FL 34770

2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip Country

Zip Country

10282008 REIN-P CR2E098 (1/07)

4. FEI Number
14-1858592

Applied For
Not Applicable

5. Certificate of Status Desired \$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

KEENE, BRADLEY E
1910 RUNNING HORSE TRAIL
KISSIMMEE, FL 34771

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL Zip Code

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 sig if applicable.

(NOTE: Registered Agent signature required when re-registering)

DATE

FILE NOW!!! FEE IS \$150.00
After January 1, 2009, Fee will be \$300.00

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

TITLE P
NAME KEENE, BRADLEY E
STREET ADDRESS 1910 RUNNING HORSE TRAIL
CITY-ST-ZIP ST CLOUD, FL 34771

Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

300137484363
10/30/08--01035--007 **150.00

TITLE V
NAME KEENE, KRISTEN R
STREET ADDRESS 1910 RUNNING HORSE TRAIL
CITY-ST-ZIP ST CLOUD, FL 34771

Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Delete

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

10/30/08