

2008 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P02000100830 1. Entity Name GROUND COVER LANDSCAPING INC						<div style="text-align: center;"> FILED 08 OCT 30 AM 9:48 SECRETARY OF STATE TALLAHASSEE, FLORIDA </div>	
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	
4. FEI Number 14-1858592				Applied For <input type="checkbox"/> Not Applicable			
5. Certificate of Status Desired <input type="checkbox"/>				\$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 <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>			
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. <div style="display: flex; justify-content: space-between; align-items: flex-end;"> <div style="width: 40%;"> SIGNATURE <small>Signature, typed or printed name of registered agent, and title if applicable</small> </div> <div style="width: 40%; text-align: center;"> <small>(NOTE: Registered Agent signature required when reinstating)</small> </div> <div style="width: 20%; text-align: right;"> <small>DATE</small> </div> </div>							
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				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	P KEENE, BRADLEY E 1910 RUNNING HORSE TRAIL ST CLOUD, FL 34771 <input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition <div style="text-align: center; font-weight: bold;"> 300137484363 10/30/08--01035--007 **150.00 </div>		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	V KEENE, KRISTEN R 1910 RUNNING HORSE TRAIL ST CLOUD, FL 34771 <input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
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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 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: <div style="display: flex; justify-content: space-between; align-items: flex-end;"> <div style="width: 40%;"><small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small></div> <div style="width: 20%; text-align: center;"><small>DATE</small></div> <div style="width: 40%; text-align: right;"><small>Daytime Phone #</small></div> </div>							

10/31/08