2005 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# P02000103864

Entity Name: M.C. LANDSCAPING CORP.

FILED Apr 15, 2005 Secretary of State

Current Principal Place of Business: New Principal Place of Business:

2013 S. KIRKTOWN RD., APT 73 4235 GULFSTREAM BAY CT. ORLANDO, FL 32811 ORLANDO, FL 32822

Current Mailing Address: New Mailing Address:

2013 S. KIRKTOWN RD., APT 73 4235 GULFSTREAM BAY CT ORLANDO, FL 32811 ORLANDO, FL 32822

FEI Number: 51-0429109 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of New Registered Agent: Name and Address of Current Registered Agent:

CINTRON, MILTON A MYRNA, TORRES 2013 S. KIRKMAN RD. APT 73 4235 GÜLFSTREAM BAY CT ORLANDO, FL 32811 ORLANDO, FL 32822

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.

SIGNATURE: MYRNA TORRES 04/15/2005

> Electronic Signature of Registered Agent Date

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

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Delete (X) Change () Addition CINTRON, MILTON A CINTRON, MILTON A Name: Name: 1636 S HIAWASSE RD APT 2 1636 S HIAWASSE RD APT 2 Address: Address: City-St-Zip: ORLANDO, FL 32835 City-St-Zip: ORLANDO, FL 32835

Title: VΡ Title: () Delete (X) Change () Addition

Name: ORMAZA, JOSE Name: MYRNA, TORRES

2013 S. KIRKWAN RD. APT 73 4235 GULFSTREAM BAY CT. Address: Address: ORLANDO, FL 32811 ORLANDO, FL 32822 City-St-Zip: City-St-Zip:

Title: () Delete Title: () Change (X) Addition

Name: ESTHER, CRUZ Name:

4235 GULFSTREAM BAY CT. Address Address: City-St-Zip: City-St-Zip: ORLANDO, FL 32822

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

Ρ SIGNATURE: MYRNA TORRES 04/15/2005