

2004 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P02000113562

1. Entity Name
SOLUTIONS LANDSCAPING MAINTENANCE, INC.



FILED

04 NOV 23 PM 1:43

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business

619 LINDELL BLVD.
DELRAY BEACH, FL 33444

Mailing Address

619 LINDELL BLVD.
DELRAY BEACH, FL 33444

SOLUTIONS LANDSCAPING MAINTENANCE, INC.

2. Principal Place of Business

SOLUTIONS LANDSCAPING MAINTENANCE, INC.

3. Mailing Address

SOLUTIONS LANDSCAPING, INC.

Suite, Apt. #, etc.

619 LINDELL BLVD

Suite, Apt. #, etc.

619 LINDELL BLVD

City & State

DELRAY BEACH, FL

City & State

DELRAY BEACH, FL

Zip

33444-1951

COUNTRY

FLORIDA

Zip

33444-1951

COUNTRY

PALM BEACH



11102004

REIN-P

CR2E098 (6/04)

4. FEI Number

57-1136630

Applied For

Not Applicable

5. Certificate of Status Desired



\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

EXIUS, VACIUS
619 LINDELL BLVD.
DELRAY BEACH, FL 33444

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

x Exius Vacius

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

11-19-04

FILE NOW!!! FEE IS \$750.00
After January 1, 2005, Fee will be \$900.00

10. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> Delete
NAME	EXIUS, VACIUS	
STREET ADDRESS	619 LINDELL BLVD.	
CITY-ST-ZIP	DELRAY BEACH, FL 33444	

TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Delete
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TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	500042962865	
STREET ADDRESS	11/23/04--01048--009	
CITY-ST-ZIP	**758.75	

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. I hereby certify that the information supplied with this filing does not qualify 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 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:

x Exius Vacius

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

11-19-04

Daytime Phone #