


2008 FOR PROFIT CORPORATION REINSTATEMENT


DOCUMENT # P03000033348	
1. Entity Name A-1 LANDSCAPING SERVICE, INC.	

Principal Place of Business 7915-7 NW 8 STREET MIAMI, FL 33126	Mailing Address 7915-7 NW 8 STREET MIAMI, FL 33126
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2. Principal Place of Business - No P.O. Box # 9072 S.W. 142 PATH	3. Mailing Address (SAME) 9072 S.W. 142 PATH
Suite, Apt. #, etc.	Suite, Apt. #, etc.

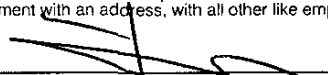
City & State MIAMI FL	City & State MIAMI FL
Zip 33186-0000	Country MIAMI - DADE
Zip 33186-0000	Country MIAMI - DADE

6. Name and Address of Current Registered Agent RAVELO, JOSE M 7915-7 NW 8 STREET MIAMI, FL 33126	7. Name and Address of New Registered Agent Name RAVELO JOSE M. Street Address (P.O. Box Number is Not Acceptable) 9072 S.W. 142 PATH City MIAMI FL Zip Code 33186
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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  Signature, typed or printed name of registered agent and title if applicable.	PRESIDENT (NOTE: Registered Agent signature required when reinstating)	11/3/08 DATE
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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.
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP RAVELO, JOSE M 7915-7 NW 8 STREET MIAMI, FL 33126 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	RAVELO, JOSE M. 9072 S.W. 142 PATH MIAMI FL 33186 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	300137666103 11/05/08--01020--001 **\$150.00 <input type="checkbox"/> Change <input type="checkbox"/> Addition
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
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
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
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:  SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	PRESIDENT 11/3/08 305-283-8019 Date Daytime Phone #

FILED
08 NOV -5 AM 9: 52
SECRETARY OF STATE
TALLAHASSEE, FLORIDA



CC 11/6