2006 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# P03000033478

Entity Name: AMERILAWN & LANDSCAPING, INC.

FILED May 03, 2006 Secretary of State

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Current Principal Place of Business:				New Principal Place of Business:			
2700 N. MILITARY TRAIL SUITE 130 BOCA RATON, FL 33431				11835 OSPREY POINT CIRCLE WELLINGTON, FL 33467			
Current Mailing Address:				New Mailing Address:			
2700 N. MILITARY TRAIL SUITE 130 BOCA RATON, FL 33431				11835 OSPREY POINT CIRCLE WELLINGTON, FL 33467			
FEI Number:		FEI Number Applied For (X)	FEI Num	ber Not Appli	cable ()	Certificate of Status Desired ()	
Name and	Address of Cu	ırrent Registered Agent:		Name and	Address of N	lew Registered Agent:	
SUITE 130 BOCA RAT	TARY TRAIL ON, FL 33431		ırpose of	changing it	s registered o	office or registered agent, or both,	
in the State		·		0 0	J		
SIGNATUR	E. DAVID BEI		-1				
		Signature of Registered Ager				Date	
	,	(2)(b), F.S., the corporation did not Trust Fund Contribution ().	receive th	ne prior notice).		
OFFICERS AND DIRECTORS:				ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS			
Title: Name: Address: City-St-Zip:	BERETSKY, ROS	Y TRAIL SUITE 130		Title: Name: Address: City-St-Zip:	BERETSKY, RO	Y POINT CIRCLE	
Title: Name: Address: City-St-Zip:	BERETSKY, DAV	Y TRAIL SUITE 130		Title: Name: Address: City-St-Zip:	BERETSKY, DA	Y POINT CIRCLE	
Title: Name: Address: City-St-Zip:	GRAB, HASSAN	Delete 7 TRAIL SUITE 130 L 33431		Title: Name: Address: City-St-Zip:	GRAB, HASSAN	Y POINT CIRCLE	
Title: Name: Address: City-St-Zip:	MARVIN, MEJIA	Delete 7 TRAIL SUITE 130 L 33431		Title: Name: Address: City-St-Zip:	MARVIN, MEJIA	Y POINT CIRCLE	
Title: Name: Address: City-St-Zip:	()	Delete		Title: Name: Address: City-St-Zip:	ELALLAOUI, M	Y POINT CIRCLE	

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 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.

SIGNATURE:	DAVID BERETSKY	PD	05/03/2006