

2004 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# P03000041803

FILED
Nov 10, 2004
Secretary of State

Entity Name: OLEANDER LAWN CARE, INC.

Current Principal Place of Business:

2406 VIOLET CT.
KISSIMMEE, FL 34758 US

New Principal Place of Business:

2404 VIOLET CT.
KISSIMMEE, FL 34758 US

Current Mailing Address:

2406 VIOLET CT.
KISSIMMEE, FL 34758 US

New Mailing Address:

2404 VIOLET CT.
KISSIMMEE, FL 34758 US

FEI Number: FEI Number Applied For () FEI Number Not Applicable (X) Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

ACTIVEFILINGS, LLC
10651 NE 11TH COURT
MIAMI SHORES, FL 33138 US

Name and Address of New Registered Agent:

OLIVIERI, VINCENT A P
2404 VIOLET CT.
KISSIMMEE, FL 34758 US

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: VINCENT A OLIVIERI

11/10/2004

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: P () Delete
Name: ERCK, STEVEN R
Address: 2406 VIOLET CT.
City-St-Zip: KISSIMMEE, FL 34758 US

Title: VP () Delete
Name: OLIVIERI, VINCENT A
Address: 2404 VIOLET CT.
City-St-Zip: KISSIMMEE, FL 34758 US

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: OLIVIERI, VINCENT A MR
Address: 2404 VIOLET CT.
City-St-Zip: KISSIMMEE, FL 34758 US

Title: V (X) Change () Addition
Name: OLIVIERI, NICHOLAS J MR
Address: 2404 VIOLET CT.
City-St-Zip: KISSIMMEE, FL 34758 US

Title: S () Change (X) Addition
Name: FRIDAY, JOSEPH D MR
Address: 2404 VIOLET CT.
City-St-Zip: KISSIMMEE, FL 34758 US

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.

SIGNATURE: VINCENT A. OLIVIERI

P

11/10/2004

Electronic Signature of Signing Officer or Director

Date