

2005 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P03000043297

1. Entity Name
ALL AMERICAN LANDSCAPE MAINTENEGE-INC.



FILED

05 MAR 16 PM 3:46

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business
818 W. THARPE ST.
TALLAHASSEE, FL 32303

Mailing Address
818 W. THARPE ST.
TALLAHASSEE, FL 32303



2. Principal Place of Business

4025 W. Bugleview Way
Suite, Apt. #, etc.

3. Mailing Address

4025 W. Bugleview Way
Suite, Apt. #, etc.

03102005 REIN-P CR2E098 (6/04)

City & State

Tallahassee FL

City & State

Tallahassee FL

4. FEI Number

14-1882318

Applied For

Not Applicable

Zip

32317

Country

USA

Zip

32317

Country

USA

5. Certificate of Status Desired

☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

DUNFEE, NATHAN
818 W. THARPE ST.
TALLAHASSEE, FL 32303

7. Name and Address of New Registered Agent

Name Nathan Dunfee

Street Address (P.O. Box Number is Not Acceptable)

4025 W. Bugleview Way

City Tallahassee

FL

Zip Code

32317

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]

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$300.00

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

10. OFFICERS AND DIRECTORS

TITLE ~~CEO~~ President Co ☐ Delete
NAME DUNFEE, NATHAN
STREET ADDRESS 818 W. THARPE ST.
CITY-ST-ZIP TALLAHASSEE, FL 32303

TITLE ~~CEO~~ President Co ☐ Delete
NAME RAMSEY, CLYDE
STREET ADDRESS 818 W. THARPE ST.
CITY-ST-ZIP TALLAHASSEE, FL 32303

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME 400048846784
STREET ADDRESS 03/22/05--01024--009 **150.00
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME 400048846784
STREET ADDRESS 03/22/05--01024--010 **150.00
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/15/05

Date

Daytime Phone #