

**2005 FOR PROFIT CORPORATION
REINSTATEMENT**

FILED

DOCUMENT # P03000044061

1. Entity Name
DDD TREE & NURSERY CORP.



2005 SEP 26 PM 2:19

**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**

Principal Place of Business
**5420 HOPE HILL ROAD
BROOKSVILLE, FL 34601**

Mailing Address

**5420 HOPE HILL ROAD
BROOKSVILLE, FL 34601**

2. Principal Place of Business
11036 Spring Hill Drive

Suite, Apt. #, etc.

City & State
Spring Hill, FL

4. FEI Number
38-3681463

Applied For
Not Applicable

Zip
34608

Country
U.S.A.

5. Certificate of Status Desired
 **\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**DEMARIA, MICHAEL
5382 DOW LANE
SPRING HILL, FL**

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$750.00
After January 1, 2006, Fee will be \$900.00**

10. OFFICERS AND DIRECTORS

TITLE
PD Delete
NAME
DEMARIA, MICHAEL
STREET ADDRESS
5420 HOPE HILL ROAD
CITY-ST-ZIP
BROOKSVILLE, FL 34601

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

Change Addition
200053959622
09/26/05--01064--009 ****758.75**

TITLE
 Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

Change Addition
TITLE
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CITY-ST-ZIP

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CITY-ST-ZIP

Change Addition
TITLE
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

9/22/05 352-686-0481

Date

Daytime Phone #

9/27/05