

2005 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P03000057930

1. Entity Name
ENVIRONMENTAL DREAMSCAPES, INC.



FILED

05 OCT -7 PM 4: 19

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business

1565 MARTIN HWY
PALM CITY, FL 34991

Mailing Address

1565 MARTIN HWY
PALM CITY, FL 34991

2. Principal Place of Business

7492 SW 42nd street

3. Mailing Address

PO Box 1192

Suite, Apt. #, etc.

Suite, Apt. #, etc.



09282005 REIN-P CR2E098 (6/04)

City & State

Palm city FL

City & State

Palm city FLA

4. FEI Number
20-0030204

Applied For
Not Applicable

Zip

34991

Country

USA

Zip

34991

Country

USA

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

6. Name and Address of Current Registered Agent

GUEST, JAMES M
15600 SW 288TH STREET, SUITE 201
HOMESTEAD, FL 33033

7. Name and Address of New Registered Agent

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 fee if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

10/1/05

FILE NOW!!! FEE IS \$150.00

After January 1, 2006, Fee will be \$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 PDS
NAME SOUCIE, BRIAN
STREET ADDRESS P.O. BOX 1192
CITY-ST-ZIP PALM CITY, FL 34991

☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

100060353061
10/07/05--01038--020 **150.00

TITLE VPDT
NAME CARDOSI, GENE
STREET ADDRESS P.O. BOX 1192
CITY-ST-ZIP PALM CITY, FL 34991

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

10/1/05

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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: Brian E Soucie

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10/1/05

Date

Daytime Phone #

772-528-2612