

2005 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P03000079739

1. Entity Name
MOTHER NATURES LANDSCAPE MAINTENANCE, INC.



FILED

05 JAN -5 PM 4:59

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business
**717 ASPEN ROAD
WEST PALM BEACH, FL 33409**

Mailing Address
**717 ASPEN ROAD
WEST PALM BEACH, FL 33409**

[Handwritten signature]



2. Principal Place of Business
717 Aspen Road
Suite, Apt. #, etc.

3. Mailing Address
717 Aspen Road
Suite, Apt. #, etc.

01042005 REINSTATEMENT 04-05

City & State
West Palm Beach FL

City & State
West Palm Beach FL

Zip
33409

Country
FL

4. FEI Number
45-0519304

☒ Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent
**JAIMES, JOSE
717 ASPEN ROAD
WEST PALM BEACH, FL 33409**

7. Name and Address of New Registered Agent
Name **Jose Jaimes**
Street Address (P.O. Box Number is Not Acceptable)
717 Aspen R.d
W. P. B
City **FL** Zip Code **33409**

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]* (NOTE: Registered Agent signature required when reinstating) DATE **01-04-05**

FILE NOW!!! FEE IS \$900.00

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D JAIMES, JOSE 717 ASPEN ROAD WEST PALM BEACH, FL 33409 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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400044230144
01/06/05--01043--004 **900.00

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]* SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR DATE **01-04-05** Daytime Phone # **86-3589083**