

# **2004 FOR PROFIT CORPORATION REINSTATEMENT**

DOCUMENT# P03000094208

**FILED**  
**Oct 07, 2004**  
**Secretary of State**

**Entity Name:** MYSTIC GARDENS LANDSCAPING, CORP.

**Current Principal Place of Business:**

15649 SW NORTH KENDALL DRIVE  
MIAMI, FL 33196

**New Principal Place of Business:**

15426 SW 96 TERR  
MIAMI, FL 33196

**Current Mailing Address:**

15649 SW NORTH KENDALL DRIVE  
MIAMI, FL 33196

**New Mailing Address:**

15426 SW 96 TERR  
MIAMI, FL 33196

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

**Name and Address of Current Registered Agent:**

RIVAS, AIMEE  
15649 SW NORTH KENDALL DRIVE  
MIAMI, FL 33196    US

**Name and Address of New Registered Agent:**

RIVAS, AIMEE  
15426 SW 96 TERR  
MIAMI, FL 33196    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: AIMEE RIVAS

10/07/2004

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: PD ( ) Delete  
Name: RIVAS, AIMEE  
Address: 15649 SW NORTH KENDALL DRIVE  
City-St-Zip: MIAMI, FL 33196

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: PD (X) Change ( ) Addition  
Name: RIVAS, AIMEE  
Address: 15426 SW96 TERR  
City-St-Zip: MIAMI, FL 33196

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: AIMEE RIVAS

AR

10/07/2004

Electronic Signature of Signing Officer or Director

Date