


2005 FOR PROFIT CORPORATION REINSTATEMENT

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| DOCUMENT # P03000114111 | |  |
| 1. Entity Name D & A LANDSCAPING ENTERPRISES, INC. | | |

FILED
05 JAN 25 PM 2:28
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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|---|---|
| Principal Place of Business 1208 ABRAHAM STREET TALLAHASSEE, FL 32304 | Mailing Address 1208 ABRAHAM STREET TALLAHASSEE, FL 32304 |
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|--------------------------------|---------|---------------------|---------|
| 2. Principal Place of Business | | 3. Mailing Address | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | |
| City & State | | City & State | |
| Zip | Country | Zip | Country |

01252005 REIN-P CR2E098 (6/04)

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| 4. FEI Number 86-1083912 | | Applied For <input type="checkbox"/> Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> | | \$8.75 Additional Fee Required |

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|--|--|--|--|
| 6. Name and Address of Current Registered Agent SMITH, ALONZO 1208 ABRAHAM STREET TALLAHASSEE, FL 32304 | | 7. Name and Address of New Registered Agent Name: Doris J. Smith Street Address (P.O. Box Number is Not Acceptable): 1208 Abraham St. City: Tallahassee FL Zip Code: 32304 | |
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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, the registered agent.

SIGNATURE: *Doris J. Smith* (NOTE: Registered Agent signature required when reinstating)
DATE: 1-25-05

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| FILE NOW!!! FEE IS \$300.00 | In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice. |
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| 10. OFFICERS AND DIRECTORS | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | P SMITH, ALONZO 1208 ABRAHAM STREET TALLAHASSEE, FL 32304 <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | 000045582750 <input type="checkbox"/> Change <input type="checkbox"/> Addition 01/28/05--01015--019 **300.00 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | V SMITH, DORIS 1208 ABRAHAM STREET TALLAHASSEE, FL 32304 <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
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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: *Doris J. Smith* 1-25-05
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #