

# 2005 FOR PROFIT CORPORATION REINSTATEMENT

<b>DOCUMENT # P03000121662</b> 1. Entity Name <b>M &amp; M HORTICULTURE DISPOSAL, INC.</b>	
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Principal Place of Business <b>5451 TICE STREET FORT MYERS, FL 33905</b>	Mailing Address <b>5451 TICE STREET FORT MYERS, FL 33905</b>
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2. Principal Place of Business <b>3949 Edwans AV #403</b> Suite/ Apt. #, etc.	3. Mailing Address <b>3949 Edwans AV #403</b> Suite, Apt. #, etc.
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City & State <b>Fort Myers FL</b>	City & State <b>Fort Myers FL</b>
Zip <b>33901</b>	Zip <b>33901</b>
Country <b>USA</b>	Country <b>USA</b>

<b>6. Name and Address of Current Registered Agent</b>  RANDOLPH, MICHAEL D ESQ. 1619 JACKSON STREET FORT MYERS, FL 33901	<b>7. Name and Address of New Registered Agent</b>  Name Street Address (P.O. Box Number is Not Acceptable)  City <div style="text-align: right; font-weight: bold;">FL</div> Zip Code
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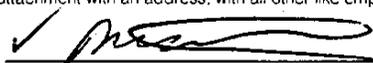
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

<b>FILE NOW!!! FEE IS \$150.00</b> 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.
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD MILLER, MATTHEW 4202 EAST 23RD STREET ALVA, FL 33920	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition <b>600060490626</b> 10/11/05--01045--020 **150.00
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
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 <b>600060490626</b> 11/14/05--01054--015 **150.00
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
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

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:  **MATT MILLER** Date: **9/26/05** Daytime Phone #: **739-275-7766**

FILED

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



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