

2005 FOR PROFIT CORPORATION REINSTATEMENT

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FILED

05 OCT 10 AM 9:10

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



10062005 REIN-P CR2E098 (6/04)

DOCUMENT # P03000140875 1. Entity Name WILLOW LANDSCAPING AND LAWN SERVICES, INC.					
Principal Place of Business 12089 LILLIAN WAY Hwy. PENSACOLA, FL 32506			Mailing Address 12089 LILLIAN WAY Hwy. PENSACOLA, FL 32506		
2. Principal Place of Business 12089 Lillian Highway Suite, Apt. #, etc. PENSACOLA FL.		3. Mailing Address 12089 Lillian Highway Suite, Apt. #, etc. PENSACOLA FL.			
City & State 32506		City & State 32506		4. FEI Number 55-0853386	
Zip 32506		Country ESAMBA		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent BURKE, STEPHEN C 12089 LILLIAN WAY PENSACOLA, FL 32506			7. Name and Address of New Registered Agent Name <u>NIA</u> Street Address (P.O. Box Number is Not Acceptable) City <u>FL</u> 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 <u>Stephen C. Burke (owner) Stephen C. Burke</u> 10/1/05 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
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			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P BURKE, STEPHEN C 12089 LILLIAN WAY PENSACOLA, FL 32506		TITLE NAME STREET ADDRESS CITY-ST-ZIP	800060714506 <input type="checkbox"/> Change <input type="checkbox"/> Addition 10/18/05--01045--006 **\$150.00 <u>None</u>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V BURKE, VICTORIA A 12089 LILLIAN WAY PENSACOLA, FL 32506		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	
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	
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: <u>Stephen C. Burke</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			10/1/05 (850) 452-4668 <small>Date Daytime Phone #</small>		