2005 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# P03000148101

Entity Name: NEWVISIONS FULL SERVICE NURSERY, INC.

FILED Sep 23, 2005 Secretary of State

Current P	rincipal Place	of Business:	New Principal Place	New Principal Place of Business:	
	ARBOR CITY RNE, FL 3293				
Current Mailing Address:			New Mailing Address	New Mailing Address:	
	ARBOR CITY RNE, FL 3293				
FEI Number:	20-0455356	FEI Number Applied For ()	FEI Number Not Applicable ()	Certificate of Status Desired ()	
Name and Address of Current Registered Agent:			Name and Address o	Name and Address of New Registered Agent:	
	CHAEL ARBOR CITY RNE, FL 3293	5 US			
	named entity e of Florida.	submits this statement for the	purpose of changing its registered	d office or registered agent, or both,	
SIGNATUR	RE: MICHAE	_ COLE			
	Electro	nic Signature of Registered A	gent	Date	
		3(2)(b), F.S., the corporation did (not receive the prior notice.		
OFFICERS AND DIRECTORS:			ADDITIONS/CHANGE	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:	
Title: Name: Address: City-St-Zip:	P (COLE, MICHAI 1861 N HARBO MELBOURNE,	R CITY BLVD	Title: Name: Address: City-St-Zip:	() Change () Addition	

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: MICHAEL COLE PRES 09/23/2005