

2006 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P03000153929

1. Entity Name
MARIA'S LANDSCAPING, INC.



Principal Place of Business
1206 S FEDERAL HWY, LOT 34
DELRAY BEACH, FL 33483-5014

Mailing Address
1206 S FEDERAL HWY, LOT 34
DELRAY BEACH, FL 33483-5014

06 MAR 27 PM 12:14

FILED



01132006 REIN-P CR2E098 (11/05)

4. FEI Number
92-0184393

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

CAMPOS, MARIA LUISA
1206 S FEDERAL HWY, LOT 34
DELRAY BEACH, FL 33483-5014

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$900.00

10. OFFICERS AND DIRECTORS

TITLE D
NAME CAMPOS, MARIA CAMPOS
STREET ADDRESS 1206 S FEDERAL HWY, LOT 34
CITY-ST-ZIP DELRAY BEACH, FL 334835014

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
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STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/20/06 (561)243-1754

Date

Daytime Phone #