


2006 FOR PROFIT CORPORATION REINSTATEMENT

FILED
Nov 28, 2006 8:00 A.M.
Secretary of State

DOCUMENT # P04000000961	
1. Entity Name ROBERT'S SOD & LANDSCAPING, INC.	

Principal Place of Business 2299 WHITEHORSE ST DELTONA, FL 32738 US	Mailing Address 2299 WHITEHORSE ST DELTONA, FL 32738 US
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2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip	Country



11162006 REIN-P CR2E098 (11/05)

4. FEI Number 52-2436928	<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
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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
LOPEZ, MANUEL 2299 WHITEHORSE ST DELTONA, FL 32738

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 \$150.00 After January 1, 2007, 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	P <input type="checkbox"/> Delete LOPEZ, MANUEL 2299 WHITEHORSE ST DELTONA, FL 32738	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition 000082102880 11/28/06--01042--018 **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
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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

REINSTATEMENT

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: MANUEL LOPEZ **11-16 06 407 3147376**
SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone

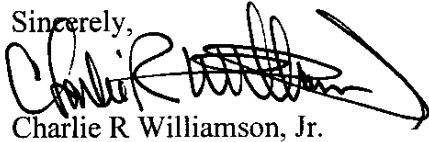
Re: Robert's Sod & Landscaping, Inc.

Dear Sir or Madam,

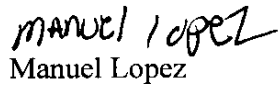
Although Mr. Lopez has printed his name on the application for reinstatement, this is indeed his signature.

He is a naturalized citizen, and does not write cursive.

Sincerely,

A handwritten signature in black ink, appearing to read "Charlie R. Williamson, Jr.", with a large, sweeping flourish at the end.

Charlie R Williamson, Jr.

A handwritten signature in black ink, appearing to read "Manuel Lopez", written in a simple, slightly slanted script.

Manuel Lopez