

2005 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P04000012947 1. Entity Name WORD OF MOUTH TREES AND LANDSCAPING, INC.						FILED 05 OCT -4 PM 4:32 SEC. OF STATE TALLAHASSEE, FL REINSTATEMENT 2005	
Principal Place of Business 2951 S.W. 14TH PLACE BOYNTON BCH., FL 33426				Mailing Address 2951 S.W. 14TH PLACE BOYNTON BCH., FL 33426			
2. Principal Place of Business 902 SNOWDEN DR Suite, Apt. #, etc.				3. Mailing Address 902 SNOWDEN DR Suite, Apt. #, etc.			
City & State LAKE WORTH FL Zip 33461-5737		Country USA		City & State LAKE WORTH FL Zip 33461-5737		Country USA	
4. FEI Number 20-0653798				5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required			
6. Name and Address of Current Registered Agent BUCKNER, RICHARD G JR. 5709 S.W. 89TH DR. GAINESVILLE, FL 32608				7. Name and Address of New Registered Agent Name DENISE LEEPER Street Address (P.O. Box Number is Not Acceptable) 902 SNOWDEN DR City LAKE WORTH FL Zip Code 33461-5737			
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><i>Denise Leeper</i></u> V.P. / DENISE LEEPER 9-2805 <small>Signature... typed or printed name of registered agent and title if applicable</small> <small>NOTE: Registered Agent signature required when reinstating</small> <small>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 P <input type="checkbox"/> Delete NAME LEPER, STEVE STREET ADDRESS 2951 S.W. 14TH PLACE CITY-ST-ZIP BOYNTON BCH., FL 33426				TITLE <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition NAME STREET ADDRESS 902 SNOWDEN DR CITY-ST-ZIP LAKE WORTH FL 33461-5737			
TITLE VP <input type="checkbox"/> Delete NAME LEPER, DENISE STREET ADDRESS 2951 S.W. 14TH PLACE CITY-ST-ZIP BOYNTON BCH., FL 33426				TITLE <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition NAME STREET ADDRESS 902 SNOWDEN DR CITY-ST-ZIP LAKE WORTH FL 33461-5737			
TITLE <input type="checkbox"/> Delete NAME STREET ADDRESS CITY-ST-ZIP				TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME STREET ADDRESS CITY-ST-ZIP			
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TITLE <input type="checkbox"/> Delete NAME STREET ADDRESS CITY-ST-ZIP				TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME STREET ADDRESS CITY-ST-ZIP			
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><i>Denise Leeper</i></u> DENISE LEEPER <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>				9-2805 (561) 740-4030 <small>Date Daytime Phone #</small>			