

2006 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P04000016564					
1. Entity Name GEORGE LANDSCAPING & LAWN MAINTENANCE, INC.					
Principal Place of Business 5854 SOUTH 38TH STREET GREENACRES, FL 33463			Mailing Address 5854 SOUTH 38TH STREET GREENACRES, FL 33463		
2. Principal Place of Business 1769 FOREST AVENUE Suite, Apt. #, etc.		3. Mailing Address 1769 FOREST AVENUE Suite, Apt. #, etc.			
City & State WEST PALM BEACH, FL		City & State WEST PALM BEACH, FL		4. FEI Number 20-0623201	
Zip 33406		Country PALM BEACH		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent GAMAS, JORGE 5854 SOUTH 38TH STREET GREENACRES, FL 33463			7. Name and Address of New Registered Agent Name: GAMAS JORGE Street Address (P.O. Box Number is Not Acceptable): 1769 FOREST AVENUE City: WEST PALM BEACH, FL Zip Code: 33406		
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>Jorge Gamas</u> <small>Signature, typed or printed name of registered agent and title if applicable.</small>				DATE: <u>04/10/06</u> <small>(NOTE: Registered Agent signature required when reinstating)</small>	
FILE NOW!!! FEE IS \$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 GAMAS, JORGE 5854 SOUTH 38TH STREET GREENACRES, FL 33463		TITLE NAME STREET ADDRESS CITY-ST-ZIP	P GAMAS, JORGE 1769 FOREST AVENUE WEST PALM BEACH, FL 33406	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
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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: <u>Jorge Gamas</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			PRESIDENT <u>04/10/06</u> (S61) 662-6934 <small>Date Daytime Phone #</small>		

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Applied For
Not Applicable

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

7. Name and Address of New Registered Agent

Name GAMAS JORGE

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

1769 FOREST AVENUE

City WEST PALM BEACH

FL

Zip Code

33406

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

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DATE

04/10/06

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10. OFFICERS AND DIRECTORS

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CITY-ST-ZIP
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GREENACRES, FL 33463

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11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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☒ Change ☐ Addition

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SIGNATURE: Jorge Gamas
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

PRESIDENT 04/10/06 (S61) 662-6934