## 2005 FOR PROFIT CORPORATION REINSTATEMENT

Zip Country Zip Country 5. Certificate of Status Desired Agent Status S	DOCUMENT # P0400017587  1. Entity Name DETAIL LANDSCAPE OF PALM BEACH COUNTY, INC.						FILED SECRETARY OF STATE DIVISION OF CORPORATIONS					
DELRAY BEACH, FL 33444-3853 US  DELRAY BEACH, FL 3444-3853 US  DELRAY BEACH, FL 33444-3853 US  DELRAY BEACH UNITED US  DELRAY BEACH	Principal Place	of Business	Mailing Address	Mailing Address				05 DEC	-5 F	412: I	<b>Ļ</b>	
Suite. Apt. #, etc.  Suite. Apt. #, etc.  Suite. Apt. #, etc.  Suite. Apt. #, etc.  11302005 REIN-P CR2E098 (6/04)  Applied F 20-0-0-0-0-0-0-0-0-0-0-0-0-0-0-0-0-0-0-				444-385	3 US							
City & State    City & State   City & State   City & State   A FEI Number   Checked (GOA)   Name   Applied Fei Number   Name   Name   Set 75 Additional Por Registered Agent   Set 75 Additional Por Registered   Set 75 Additional Por Registered Agent   Set 75 Additional Por Registered	2. Principal Pla	ace of Business	3. Mailing Address	Mailing Address								
Zip Country Zip Country 5. Certificate of Status Desired Status Desired Sea Status Desired Sea Required For Required Sea R	Suite, Apt. #	ł, etc.	Suite, Apt, #, etc.			11302	005	REIN-P	CR2	2E098 (6/04	<b>)</b> )	
E. Name and Address of Current Registered Apent  E. Name and Address of New Registered Apent  F. Name and Address of New Registered Apent  Name  Stroet Address (P.O. Box Number is Not Acceptable)  F. De Courty  F. De Courty  F. De Courty  F. De Courty  Stroet Address (P.O. Box Number is Not Acceptable)  F. De Courty  In accordance with s. 607.193(2)(b), F.S., t. White Principles of Principles and Interview Inte	City & State		City & State			4. FEIN	Number	66643	5	ļ	Applied For Not Applicable	
Name  Streat Address (P.O. Box Number is Not Acceptable)  City  FL  Zip Code  6. 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 accordance with submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and accordance with submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and accordance with submits with and accordance with submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and accordance with submits with and accordance with submits with and accordance with submits with and accordance with submits and accordance with accordance with submits and accordance with accordance with submits and accordance with accordance with accordance and accordance with accordance with accordance and accordance with accordance	Zip	Country	Zip	Count	у	5. Certi						
Street Address (P.O. Box Number is Not Acceptable)    City   FL   Zip Code		6. Name and Address of Current I	Registered Agent		Name	7. Name	e and Ad	idress of New	Registere	d Agent		
E. 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 ac the obligations of registered agent.  SIGNATURE  Signature former of registered agent and the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and ac the obligations of registered agent.  SIGNATURE  Signature former of registered agent and the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and ac the obligations of registered agent, or both, in the State of Florida. I am familiar with, and ac the obligations of registered agent.  SIGNATURE  SIGNATURE  SIGNATURE  SIGNATURE IS \$150.00  In accordance with s. 607.192(2)(b), F.S. t. to corporation did not receive the prior notewhere the purpose of corporation did not receive the prior notewhere the purpose of corporation did not receive the prior notewhere the purpose of corporation did not receive the prior notewhere the purpose of corporation did not receive the prior notewhere the purpose of corporation did not receive the prior notewhere the purpose of corporation did not receive the prior notewhere the purpose of corporation did not receive the prior notewhere the purpose of corporation did not receive the prior notewhere the purpose of corporation of the purpose of the purp	26 LAKE C	OURT										
B. The above named entity submits this statement for the purpose of changing its registered affice or registered agent, or both, in the State of Florida. I am familiar with, and as the obligations of registered agent.  SIGNATURE  Synapus, hipsel or preservance agent and the # applicable.  PILE NOWIII FEE IS \$150.00  After January 1, 2006, Fee will be \$300.00  10. OFFICERS AND DIRECTORS  11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11  TILE  NIME  DPS  OFFICERS AND DIRECTORS IN 11  TILE  OFFICERS AND DIRECTORS IN 11  OFFICERS AND DIRECTORS IN 11  TILE  OFFICERS AND DIRECTORS IN 11  OFFICERS AND DIRECTORS IN 12  TILE  OFFICERS AND DIRECTORS IN 11  TILE  OFFICERS AND										·		
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STREET ADDRESS CITY-ST-ZIP  TITLE    Delete   TITLE     Delete   TITLE   NAME STREET ADDRESS CITY-ST-ZIP    NAME   STREET ADDRESS   CITY-ST-ZIP    12.   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 does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information of 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 changed, or on an attachment with an address, with all given like empowered.	1		☐ Delete							Chang	e 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 of 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 dire 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 changed, or on an attachment with an address, with all given like empowered.	STREET ADDRESS			STREE	T ADDRESS							
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