

2005 FOR PROFIT CORPORATION REINSTATEMENT

FILED

2005 OCT 26 AM 9:37

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



10252005 REIN-P CR2E098 (6/04)

DOCUMENT # P04000017957					
1. Entity Name F&F FARMS LANDSCAPE, INC.					
Principal Place of Business 13830 NW 15TH LANE GAINESVILLE, FL 32608			Mailing Address PO BOX 2407 ALACHUA, FL 32616		
2. Principal Place of Business 13830 NW 15 th Lane <small>Suite, Apt. #, etc.</small>		3. Mailing Address P.O. BOX 2407 <small>Suite, Apt. #, etc.</small>			
City & State Gainesville, FL <small>Zip</small> 32608 <small>Country</small> US		City & State Alachua FL <small>Zip</small> 32616 <small>Country</small> US		4. FEI Number 10252005	
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required		Applied For <input type="checkbox"/> Not Applicable			
6. Name and Address of Current Registered Agent FIELDS, ERIC J 13830 NW 15TH LANE GAINESVILLE, FL 32608			7. Name and Address of New Registered Agent Name: Timothy Q. Fields Street Address (P.O. Box Number is Not Acceptable): 19110 NW CR 239 City: Alachua FL Zip Code: 32615		
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>Timothy Q. Fields</u> DATE: <u>9-27-05</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
FILE NOW!!! FEE IS \$750.00 After January 1, 2006, Fee will be \$900.00					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P FIELDS, ERIC J PO BOX 2407 ALACHUA, FL 32616 <input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	700061072087 11/01/05--01047--007 **758.75 <input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V FIELDS, TIMOTHY Q 19404 NW CR 239 ALACHUA, FL 32615 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	President Timothy Q. Fields 19110 NW CR 239 Alachua FL 32615 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
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	
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	
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	
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	
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>Timothy Q. Fields</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			9-27-05 <small>Date</small>		386-462-1395 <small>Daytime Phone #</small>

10/31/05