

2006 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# P04000038028

Entity Name: MAJESTIC LANDSCAPING, INC.

FILED
Mar 05, 2006
Secretary of State

Current Principal Place of Business:

455 LORRANE DR
FT MYERS, FL 33905

New Principal Place of Business:

Current Mailing Address:

455 LORRANE DR
FT MYERS, FL 33905

New Mailing Address:

FEI Number: 41-2126917

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

HERNANDEZ, MANUEL SR
455 LORRANE DR
FT MYERS, FL 33905 US

Name and Address of New Registered Agent:

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.

SIGNATURE: MANUEL HERNANDEZ SR

Electronic Signature of Registered Agent

Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PT () Delete
Name: HERNANDEZ, MANUEL SR
Address: 455 LORRANE DR
City-St-Zip: FT MYERS, FL 33905

Title: VPS () Delete
Name: HERNANDEZ, DANIEL
Address: 15613 SUNNYCREST LN
City-St-Zip: FT MYERS, FL 33905

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: MANUEL HERNANDEZ

PT

03/05/2006

Electronic Signature of Signing Officer or Director

Date