2005 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P04000042976

1. Entity Name
SERIOUS ULTRASCAPES INC.

FILED
05 OCT 20 AM 10:48
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business	Mailing Address
104 W REYNOLDS STREET, SUITE #10 PLANT CITY, FL 33566	104 W REYNOLDS STREET, SUITE #10 PLANT CITY, FL 33566

101520005 REIN-P CR2E098 (6/04)

2. Principal Place of Business	3. Mailing Address
3911 Oak Hammock Dr.	3911 Oak Hammock Dr.
Suite, Apt. #, etc.	Suite, Apt. #, etc.
Brandon, FL	Brandon, FL 8
Zip: 33511 Country: U.S.	Zip: 33511 Country: U.S.

4. FEI Number: 73-1716128 ☑ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☑ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
A1A REGISTERED AGENT INC. 92 SADDBERRY ROAD QUINCY, FL 32351	Name Street Address (P.O. Box Number is Not Acceptable) City **FL** Zip Code

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: _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

FILE NUMBER FEE IS $158.75
After January 1, 2006, Fee will be $350.00

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	DP HARRIS, JOHN 3911 OAK HAMMOCK DRIVE BRANDON, FL 33511	☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	S SMITH, PATRICIA 2301 CLEMMONS ROAD PLANT CITY, FL 33566	☑ Delete	S Jena Webb 3911 Oak Hammock Dr. Brandon, FL 33511	☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	T BURKLEY, RITCHEY 6939 DORMANY LOOP PLANT CITY, FL 33565	☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	200060829352 10/20/05--01052--023 **158.75	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change ☐ Addition

$ 10/25

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: Johnny C Harris 10/15/05
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #