


# 2005 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P04000057463		
1. Entity Name TURF DOGS PROESSIONAL LANDSCAPING INC		

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

05 DEC -7 AM 11:34

Principal Place of Business US	Mailing Address US
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2. Principal Place of Business 2113 SWALLOWTAIL LN Suite, Apt. #, etc.	3. Mailing Address 2113 SWALLOWTAIL LN Suite, Apt. #, etc.
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10122005 REIN-P CR2E098 (6/04)

City & State SAINT AUGUSTINE FL	City & State SAINT AUGUSTINE FL
Zip 32092	Country USA

4. FEI Number 20-0955743	Applied For Not Applicable
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6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

DOROUGH, RICHARD K 2113 SWALLOWTAIL LANE SAINT AUGUSTINE FL 32092
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Name DOROUGH, HEATHER D
Street Address (P.O. Box Number is Not Acceptable) 2113 SWALLOWTAIL LANE
City SAINT AUGUSTINE
State FL
Zip Code 32092

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:  DATE: 10-12-2005

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00 After January 1, 2006, Fee will be \$300.00	In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P/S DOROUGH, RICHARD K 2113 SWALLOWTAIL LANE SAINT AUGUSTINE FL 32092 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	P/S DOROUGH, HEATHER D 2113 SWALLOWTAIL LANE SAINT AUGUSTINE FL 32092 <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	900061992603 <input type="checkbox"/> Change <input type="checkbox"/> Addition 12/07/05--01040--020 **158.75
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:  DATE: 10-12-2005 DAYTIME PHONE #: 904-237-1081

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

12/8/05