

# **2011 FOR PROFIT CORPORATION REINSTATEMENT**

DOCUMENT# P04000069870

**Entity Name:** NOURY LAND CARE, INC.

**FILED**  
**Mar 03, 2011**  
**Secretary of State**

**Current Principal Place of Business:**

37329 TUCKER ROAD  
ZEPHYRHILLS, FL 33541

**New Principal Place of Business:**

**Current Mailing Address:**

37329 TUCKER ROAD  
ZEPHYRHILLS, FL 33541

**New Mailing Address:**

PO BOX 2795  
ZEPHYRHILLS, FL 33539

**FEI Number:** 20-1088436

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

NOURY, BRENT A  
37329 TUCKER ROAD  
ZEPHYRHILLS, FL 33541 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:** BRENT NOURY

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

**Title:** P  
**Name:** NOURY, BRENT A  
**Address:** 37329 TUCKER ROAD  
**City-St-Zip:** ZEPHYRHILLS, FL 33541

I hereby 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 all other like empowered.

**SIGNATURE:** BRENT NOURY

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

PRES

03/03/2011

\_\_\_\_\_  
Date