## 2009 FOR PROFIT CORPORATION REINSTATEMENT

## DOCUMENT# P04000083594

Entity Name: COMMON GROUND LAND CARE, INC.

FILED Jan 27, 2009 Secretary of State

**Current Principal Place of Business: New Principal Place of Business:** 

12013 COUNTY RD 561 CLERMONT, FL 34711 US

**Current Mailing Address: New Mailing Address:** 

12013 COUNTY RD 561 CLERMONT, FL 34711 US

FEI Number: 34-1997417 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( )

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

COLLINS, CHRISTOPHER MR COLLINS, CHRISTOPHER C MR. 10636 LAKE HILL DR 11103 LAKE KATHERINE CIRCLE CLERMONT, FL 34711 CLERMONT, FL 34711 US

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: CHRISTOPHER COLLINS 01/27/2009

> 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:**

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Delete Title: (X) Change ( ) Addition COLLINS, CHRISTOPHER COLLINS, CHRISTOPHER C MR. Name: Name: 11103 LAKE KATHERINE CIRCLE 10636 LAKE HILL DR Address: Address:

City-St-Zip: CLERMONT, FL 34711 City-St-Zip: CLERMONT, FL 34711

Title: DCEO ( ) Delete Title: (X) Change ( ) Addition Name: HERMANN, ERIN Name: HERMANN, ERIN J MR. 11103 LAKE KATHERINE CIRCLE Address: 1601 JOHNS LAKE RD #1224 Address: CLERMONT, FL 34711 CLERMONT, FL 34711 City-St-Zip: City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify 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: ERIN HERMANN **DCEO** 01/27/2009