

2006 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P04000088000

1. Entity Name
AMERICAN CURBING & LANDSCAPES, INC.



Principal Place of Business
1854 LAKOTNA DR
ORANGE PARK, FL 32073 US

Mailing Address
1854 LAKOTNA DR
ORANGE PARK, FL 32073 US

06 NOV -1 11:03

TALLAHASSEE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

REINSTATEMENT 2006

4. FEI Number
03-0543093

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

BLOOMER, GEORGE M III
4429 COUNTY ROAD 218 WEST
MIDDLEBURG, FL 32068

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

George M Bloomer III

(NOTE: Registered Agent signature required when reinstating)

10/30/06

DATE

FILE NOW!!! FEE IS \$150.00
After January 1, 2007, Fee will be \$300.00

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 P ☐ Delete
NAME NICHOLS, RONNIE V
STREET ADDRESS 1854 LAKOTNA DR
CITY-ST-ZIP ORANGE PARK, FL 32073

TITLE ☐ Change ☐ Addition
NAME 700081435737
STREET ADDRESS 11/01/06--01048--005 **150.00
CITY-ST-ZIP

TITLE VP ☐ Delete
NAME NICHOLS, BETHANY A
STREET ADDRESS 1854 LAKOTNA DR
CITY-ST-ZIP ORANGE PARK, FL 32073

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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:

Ronnie V. Nichols

Ronnie V. Nichols

10/9/06

904-213-8883

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #