108

2005 FOR PROFIT CORPORATION REINSTATEMENT

SIGNATURE:

| | KEINSIA | I EWEN I | l . | | F | ILED | |
|--|--|---|---|---------------------------|--|---|-------------|
| DOCUMENT # P04000109604 1. Entity Name A & A COMPLETE LANDSCAPING & TREE TRIMMING CORPORATION | | | | | 05 OCT | 20 PM 8 | |
| CORPOR | KATION | | | 9 | SECRET/ | 11 | AIE. |
| Principal Place of Business Mailing Address | | | • | \sqrt{N} | TALLANA | SSEE, FLO | RUA |
| 511 BRADBI HAINES CITY | | 511 BRADBURY RD. Haines City, FL 33844 | , | AN . | | | |
| 2 Principal C | Dines of Dusinger | T 2 Mailing Adduser | | | | | |
| 2. Principal Place of Business 3. Mailing Address 3. Mailing Address 3. A C | | | ne | 52-20 Card 1 M 10 M | 74 7 7 7 8 7 8 7 8 1 1 1 1 1 1 1 1 1 1 1 1 | | |
| Suite, Apt. | | Suite, Apt. #, etc. | | 0 12000 | ALA CIO | 22008 (6/04) | (UD |
| City & Stat | te | City & State | | 4. FEI Number 35 - 2 | | 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - | plied For |
| Zip | Country | Same | POCIC | 5. Certificate of S | | \$8.75 Add Fee Require | litional |
| | 6. Name and Address of Current | Registered Agent | Name | 7. Name and Ad | dress of New Register | ed Agent | |
| HAYES, A | | | | No | Changi | <u>25</u> | |
| | BURY RD. SITY, FL 33844 | | Street Addre | ss (P.O. Box Number is | Not Acceptable) | | |
| | , | | · [| | | | |
| | | City | | | Zip Code | 9 | |
| 8. The above | named entity submits this statement for | the purpose of changing its r | egistered office or regi | stered agent, or both, i | n the State of Florida. | am familiar with, | and accept |
| ; - | 11/1/2/2/2/ | Ma cha | DGES | A Bove | .) | 10-14- | ΛC |
| SIGNATURE | Signature, typed or printed name of orgistered agent | Ind title (Lapplicable. (NOTE | Registered Agent signature r | equired when reinstating) | DA | <u> </u> | |
| | LE NOW!!! FEE IS \$150.00 nuary 1, 2006, Fee will be \$300.0 | 0 | | lr o | accordance with s. orporation did not rec | 607.193(2)(b), eive the prior r | F.S., the |
| 10. | OFFICERS AND | DIRECTORS | 11. | ADDITIONS/CH | ANGES TO OFFICERS | AND DIRECTORS | S IN 11 |
| TITLE Name | P SQ | mc) Delete | TITLE | | 1 , | Change | Addition |
| STREET ADDRESS | 511 BRADBURY RD. | | NAME STREET ADDRESS | λ | IIA | | |
| CITY-ST-ZIP | HAINES CITY, FL 33844 | | CITY-ST-ZIP | | 4/// | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | President Hayes ALBERT HAYES 511 Bradbury | □ Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | 60 10/20 | 1006082 705010391 | Change 20306 317 **15 | Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | ALBERT HAYES 511 Brad bur HAINES City F | | TITLE NAME STREET ADDRESS CITY-ST-ZIP | | | ☐ Change | Addition |
| TITLE NAME | SAME AS | Delete | TITLE NAME | | | ☐ Change | Addition |
| STREET ADDRESS City-St-Zip | ABOVE | | STREET ADDRESS CITY-ST-ZIP | | | | |
| FITLE | | ☐ Delete | TITLE | | | ☐ Change | Addition |
| name Street address City-St-Zip | No | • | NAME STREET ADDRESS CITY-ST-ZIP | - | | | |
| THLE | \ | ☐ Delete | TITLE | ··· | , in- | ☐ Change | Addition |
| NAME STREET ADDRESS CITY-ST-ZIP | DELETIO | 45 | NAME STREET ADDRESS CITY-ST-ZIP | | | | |
| ındıcaled | certify that the information supplied with I on this report or supplemental report is poration or the receiver or trustee empo | true and accurate and that m | v signature shall have t | he same legal effect as | if made under oath: the | at I am an officer | or director |

ج ج م

OCTOBER 6 2005

FLORIDA DEPARTMENT OF STATE
NOTICE OF DISSOLUTION OR REVOCATION
DIVISION OF CORPORATIONS
P O BOX 6198
TALLAHASSEE, FL 32314

A &A COMPLETE LANDSCAPING & TREE TRIMMING CORPORATION
511 BRADBURY ROAD
HAINES CITY FL 33844

REFERENCE: RE-INSTATEMENT

PLEASE FIND MY CHECK IN THE AMOUNT OF \$150.00 FOR MY REINSTATEMENT – LICENSEp04000109604. AS I WAS CAUGHT UP IN A FRAUDULANT COMPLIANCE SCAM APPLICATION WHICH I THOUGHT CAME FROM THE STATE. PLEASE WAIVE THE \$400.00 – WAIVER AND ACCEPT THIS STATEMENT FOR MY RENEWAL.

RESPECTFULLY SUBMITTED,

ALBERT A HAYES

A & A COMPLETE LANDSCAPING & TREE TRIMMING CORPORATION

COPY ENCLOSURES