

# 2007 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P04000131169		
1. Entity Name HEDGES BY HEDGES LANDSCAPE INC.		

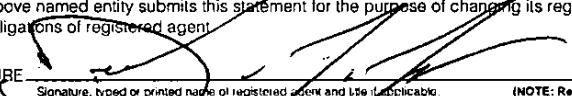
Principal Place of Business 15 GOLFVIEW ROAD ROTONDA WEST, FL 33947	Mailing Address 15 GOLFVIEW ROAD ROTONDA WEST, FL 33947
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2. Principal Place of Business - No P.O. Box #	3. Mailing Address 15 Golfview Road
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State Rotonda west FL	City & State Rotonda west FL
Zip 33947	Country Charlotte

6. Name and Address of Current Registered Agent MACLEOD, RANDY C 1861 PLACIDA RD STE 201 ENGLEWOOD, FL 34223		7. Name and Address of New Registered Agent Name: Derrick Hedges Street Address (P.O. Box Number is Not Acceptable): 77 Oakland Hills Place City: Rotonda west FL Zip Code: 33947	
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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.

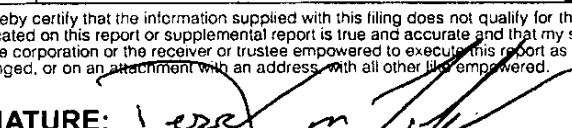
SIGNATURE:  DATE: 02-25-08

(NOTE: Registered Agent signature required when reinstating)


<b>FILE NOW!!! FEE IS \$900.00</b>	
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD HEDGES, DERRICK 15 GOLFVIEW ROAD ROTONDA WEST, FL 33947 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition 100119491291 03/05/08--01041--013 **\$900.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD HEDGES, DIANNA 15 GOLFVIEW ROAD ROTONDA WEST, FL 33947 <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	TD HEDGES, DEVIN 15 GOLFVIEW ROAD ROTONDA WEST, FL 33947 <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	<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 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:  DATE: 02-25-08 DAYTIME PHONE: 941-815-8010

(NOTE: Registered Agent signature required when reinstating)

FILED  
08 MAR -5 AM 8:23  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA  
**REINSTATEMENT 06-08**  
  
10/31/06 01033 009 \$150.00  
04192007 REIN-P CR2E098 (1/07)