2006 FOR PROFIT CORPORATION REINSTATEMENT

REINSTATEMENT								
DOCUMENT # P04000133777 S. Enlity Name A J & T LANDSCAPING & IRRIGATION, INC.					06 OCT 27 (110: 1,9			
Principal Place of Business 4400 37TH AVENUE N ST PETERSBURG, FL 33713 US		Mailing Address 4400 37TH AVENUE N ST PETERSBURG, FL 33713		US	4)00) EQ H 59		. 1:25 Hilk 1988 1986 1981	481 11 H811
2. Principal Place of Business		3. Mailing Address						
Suite, Apt. #, etc.		Suite, Apt. #, etc.			REMI		098 (11/05)	<u>0</u> 6
City & State		City & State			4. FEI Number 20-165791		A L L	oli d d For Applicable
Zip	Country	Zip	Zip Coun		5. Certificate of Status Desired S8.75 Additional Fee Required			
6. Name and Address of Current Registered Agent.				Name	7. Name and Address of New Registered Agent			
RAMOS, JOSE M 4400 37TH AVENUE N ST PETERSBURG, FL 33713			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 Signature, typed or primed harne of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE								
	.E NOW!!! FEE IS \$150.00 luary 1, 2007, Fee will be \$300	.00			Cor	accordance with s. 60' rporation did not receive	7.193(2)(b), I ve the prior n	otice.
10.		D DIRECTORS	11.		ADDITIONS/CHA	NGES TO OFFICERS AN	D DIRECTORS	IN 11
HILE NAME	P RAMOS, JOSE M	Delete	TITLE		1 (7)(0081259	☐ Change	☐ Addition
STREET ADDRESS	4400 37TH AVENUE N STRI			ET ADDRESS	10/27/0	601007009	**150.	.00
CITY ST-ZIP				-S1-ZIP			Change	Addition
TITLE NAME	2 0000		TITLI	I			☐ Clian g e	☐ MUURION
STREET ADDRESS				ET ADDRESS				
CITY-ST-ZIP			-ST-ZIP			☐ Change	/ Addition	
TIFLE		Delete	- LIAM	I				Addition
STREET ADDRESS CITY+ST-ZIP				ET ADDRESS -ST-ZIP				
TITLE		☐ Delete	TITLE	l l			☐ Change	Addition
NAME STREET ADDRESS			NAM STRE	EET ADDRESS				
CITY-ST-ZIP				-51-ZIP				
IITLE	,	☐ Delete	Tetal	I			☐ Change	Addition
NAME Street Address			NAM STRE	ET ADDRESS				
CITY-ST-ZIP				-S1-ZIP				
IIILE		☐ Delete	TITL	I			☐ Change	Addition
NAME STREET ADDRESS			NAM STRE	ET ADDRESS				
CITY-ST-ZIP			9	-ST-ZIP				
12. Thereby certify that the information supplied with this filling 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 addirect, with all other like empowered.								
SIGNATURE: No. Lame Jose M. RAMUS VIO/21/06 (AZZ) 455-6777								

8. Mitchell OCT 2 7 2006