

# 2005 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P04000139034

1. Entity Name  
PERFECTLY PLANTED, INC.



FILED

06 FEB -8 PM 4:37

SECRET  
TALLAHASSEE, FLORIDA

Principal Place of Business  
5893 CASSANDRA COURT  
WEST PALM BEACH, FL 33415 US

Mailing Address  
5893 CASSANDRA COURT  
WEST PALM BEACH, FL 33415 US

2. Principal Place of Business  
Suite, Apt. #, etc.

3. Mailing Address  
Suite, Apt. #, etc.

City & State

City & State

4. FEI Number  
20-1715974

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

TILLEY, MICHAEL R  
2000 GLADES ROAD  
SUITE 306  
BOCA RATON, FL 33431

7. Name and Address of New Registered Agent

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

*[Signature]*

02/01/06

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$750.00  
After January 1, 2006, Fee will be \$900.00

10. OFFICERS AND DIRECTORS

TITLE P  
NAME ROSEMEYER, CASEY  
STREET ADDRESS 5893 CASSANDRA COURT  
CITY-ST-ZIP WEST PALM BEACH, FL 33415

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

000061828280  
12/01/05--01041--006 \*\*158.75

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

000061828280  
12/29/05--01019--024 \*\*591.25

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

000061828280  
03/03/06--01022--016 \*\*150.00

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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:

*[Signature]*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

11/24/05

DATE

561-414-3203

Daytime Phone #