

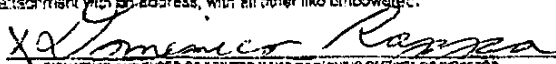
2006

**2005 FOR PROFIT CORPORATION
REINSTATEMENT**

FILED

06 APR 11 AM 7:19

FLORIDA STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P04000163390			
1. Entity Name PRO CUT LANDSCAPING INC.			
Principal Place of Business 1075 HENRY DOWN PLACE HEATHROW, FL 32745		Mailing Address 1075 HENRY DOWN PLACE HEATHROW, FL 32746	
2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
5. Name and Address of Current Registered Agent RAPPA, DOMINICK 1075 HENRY DOWN PLACE HEATHROW, FL 32746		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 		10/21/05	
Signature, typed or printed name of registered agent and title address.		(NOTE: Registered Agent signature required when reinstating.)	
FILE NOW!!! FEE IS \$750.00 After January 1, 2006, Fee will be \$900.00			
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	P RAPPA, DOMINICK 1075 HENRY DOWN PLACE HEATHROW, FL 32748	TITLE NAME STREET ADDRESS CITY-STATE-ZIP	300073497793 05/01/06--01054--006 ***900.00
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12. I hereby certify that the information supplied with this filing does not qualify for the exemption status in Section 119.07(3)(f), 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: 		10/21/05	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date	

REINSTATEMENT

02-073497793

\$8.75 Additional
Fee Required

FL

Zip Code