

# 2006 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# P05000015284

**FILED**  
**Oct 11, 2006**  
**Secretary of State**

**Entity Name:** J & J LANDSCAPING & DESIGN, INC.

**Current Principal Place of Business:**

4214 HEIRLOOM ROSE PLACE  
OVIEDO, FL 32766 US

**New Principal Place of Business:**

4855 DISTRIBUTION COURT  
SUITE #2  
ORLANDO, FL 32822 US

**Current Mailing Address:**

4214 HEIRLOOM ROSE PLACE  
OVIEDO, FL 32766 US

**New Mailing Address:**

**FEI Number:** 20-2251578      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired (X)**

**Name and Address of Current Registered Agent:**

CRUZ, JUAN  
4214 HEIRLOOM ROSE PLACE  
OVIEDO, FL 32766 US

**Name and Address of New Registered Agent:**

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.

**SIGNATURE:** JUAN CRUZ

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.  
**Election Campaign Financing Trust Fund Contribution ( )**

**OFFICERS AND DIRECTORS:**

**Title:** P ( ) Delete  
**Name:** CRUZ, JUAN  
**Address:** 4214 HEIRLOOM ROSE PLACE  
**City-St-Zip:** OVIEDO, FL 32766 US

**Title:** VP ( ) Delete  
**Name:** CRUZ, JUAN  
**Address:** 4214 HEIRLOOM ROSE PLACE  
**City-St-Zip:** OVIEDO, FL 32766 US

**Title:** S ( ) Delete  
**Name:** CRUZ, MELISA  
**Address:** 4214 HEIRLOOM ROSE PLACE  
**City-St-Zip:** OVIEDO, FL 32766 US

**Title:** T ( ) Delete  
**Name:** CRUZ, MELISA  
**Address:** 4214 HEIRLOOM ROSE PLACE  
**City-St-Zip:** OVIEDO, FL 32766 US

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

**Title:** ( ) Change ( ) Addition  
**Name:**  
**Address:**  
**City-St-Zip:**

**Title:** ( ) Change ( ) Addition  
**Name:**  
**Address:**  
**City-St-Zip:**

**Title:** ( ) Change ( ) Addition  
**Name:**  
**Address:**  
**City-St-Zip:**

**Title:** ( ) Change ( ) Addition  
**Name:**  
**Address:**  
**City-St-Zip:**

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

**SIGNATURE:** JUAN CRUZ

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

PRS

10/11/2006

\_\_\_\_\_  
Date