2009 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# P05000021057

Title:

Name:

Address:

City-St-Zip:

TRES

FRANK, TURSI

() Delete

7498 HAZELWOOD CIRCLE

LAKE WORTH, FL 33467

BE GREEN LANDSCAPE CONTRACTORS INC

FILED Oct 08, 2009 Secretary of State

Entity Nan	ne: BE GREE!	N LANDSCAPE CONTRACTO	JRS INC.		
Current Principal Place of Business:			New Principal Plac	New Principal Place of Business:	
	(LANE ROAD RTH, FL 33449				
Current Mailing Address:			New Mailing Address:		
	(LANE ROAD RTH, FL 33449				
FEI Number:	20-2337610	FEI Number Applied For ()	FEI Number Not Applicable ()	Certificate of Status Desired ()	
Name and Address of Current Registered Agent:			Name and Address	Name and Address of New Registered Agent:	
	ICHAEL R (LANE ROAD RTH, FL 33449	US			
The above in the State		ubmits this statement for the p	urpose of changing its register	red office or registered agent, or both,	
SIGNATUR	RE: MICAEL R				
Electronic Signature of Registered Agent			ent	Date	
		(2)(b), F.S., the corporation did no Trust Fund Contribution ().	t receive the prior notice.		
OFFICERS AND DIRECTORS:			ADDITIONS/CHANG	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:	
Title: Name: Address: City-St-Zip:	PRES () I BURAK, MICHAE 1035 LARCH WA WELLINGTON, F	Υ	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	VP () I FRANK, TURSI 7498 HAZELWO LAKE WORTH, F		Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	SEC () I BURAK, MICHAE 1035 LARCH WA WELLINGTON, F	Υ	Title: Name: Address: City-St-Zip:	() Change () Addition	

I hereby certify that the information supplied with this filing does not qualify 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.

Title:

Name:

Address:

City-St-Zip:

SIGNATURE: MICHAEL BURAK PRES 10/08/2009

() Change () Addition