

# **2011 FOR PROFIT CORPORATION REINSTATEMENT**

DOCUMENT# P05000028754

**FILED**  
**Oct 31, 2011**  
**Secretary of State**

**Entity Name:** FLORIDA LANDSCAPING INC.

**Current Principal Place of Business:**

629 E PALM DRIVE  
APT 202  
FLORIDA CITY, FL 33034 US

**New Principal Place of Business:**

**Current Mailing Address:**

PO BOX 343551  
FLORIDA CITY, FL 33034 US

**New Mailing Address:**

**FEI Number:** 20-2429007

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

NIEVES, JOSE  
629 E PALM DRIVE  
APT 202  
FLORIDA CITY, FL 33034 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:** JOSE NIEVES

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

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

**Title:** PD  
**Name:** NIEVES, JOSE  
**Address:** 629 E PALM DRIVE  
**City-St-Zip:** FLORIDA CITY, FL 33034 US

I hereby 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 all other like empowered.

**SIGNATURE:** JOSE NIEVES

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

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10/31/2011

\_\_\_\_\_  
Date