

# 2007 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# P05000030353

**FILED**  
**Jan 08, 2007**  
**Secretary of State**

**Entity Name:** RICHELIEU NURSERY USA, INC.

**Current Principal Place of Business:**

16831 SW 216 ST  
MIAMI, FL 33170

**New Principal Place of Business:**

4851 NW 26TH CT  
438  
LAUDERDALE LAKES, FL 33313

**Current Mailing Address:**

16831 SW 216 ST  
MIAMI, FL 33170

**New Mailing Address:**

4851 NW 26TH CT  
438  
LAUDERDALE LAKES, FL 33313

**FEI Number:** 51-0538202

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

LEVINE, BRAHM D.C.P.A.  
515 N FLAGLER DR #309-P  
W PALM BCH, FL 33401 US

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

D'AMICO, GIUSEPPE  
4851 NW 26TH CT  
438  
LAUDERDALE LAKES, FL 33313 US

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: GIUSEPPE D'AMICO

01/08/2007

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: D ( ) Delete  
Name: D'AMICO, GIUSEPPE  
Address: 119 CHEMIN DES PATRIOTES, ST. MATHIAS  
City-St-Zip: QUEBEC CANADA J3L 6B8, XX

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

Title: MR (X) Change ( ) Addition  
Name: D'AMICO, GIUSEPPE  
Address: 4851 NW 26TH CT  
City-St-Zip: LAUDERDALE LAKES, FL 33313

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: GIUSEPPE D'AMICO

MR

01/08/2007

Electronic Signature of Signing Officer or Director

Date