


2008 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P05000064700 1. Entity Name SHASA LANDSCAPING ENGINEERING CORP.	
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FILED
08 NOV 19 PM 2:33
TALLAHASSEE, FLORIDA

Principal Place of Business 13965 SW 10 ST MIAMI, FL 33184	Mailing Address 13965 SW 10 ST MIAMI, FL 33184
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2. Principal Place of Business - No P.O. Box #	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State	City & State	4. FEI Number 20-2774000	Applied For <input type="checkbox"/> Not Applicable
Zip	Country	Zip	Country



6. Name and Address of Current Registered Agent CORBO, VANESSA M 13965 SW 10 ST MIAMI, FL 33184	7. Name and Address of New Registered Agent Name Estrella O. Corbo Street Address (P.O. Box Number is Not Acceptable) 13965 SW 10 ST. City Miami FL Zip Code 33184
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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: *Estrella O. Corbo* (NOTE: Registered Agent signature required when reinstating) DATE: November 12, 2008

FILE NOW!!! FEE IS \$750.00
After January 1, 2009, Fee will be \$900.00

10. OFFICERS AND DIRECTORS		<input checked="" type="checkbox"/> Delete
TITLE	PST CORBO, VANESSA	<input checked="" type="checkbox"/>
NAME	13965 SW 10 ST	
STREET ADDRESS	MIAMI, FL 33184	
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
TITLE	V/S CORBO VANESSA	<input checked="" type="checkbox"/>	<input type="checkbox"/>
NAME	13965 SW 10 ST.		
STREET ADDRESS	MIAMI, FL 33184		
CITY-ST-ZIP			
TITLE	P/T Estrella O. Corbo	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
NAME	13965 SW 10 ST.		
STREET ADDRESS	MIAMI, FL 33184		
CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	000138097850		
STREET ADDRESS	11/19/08--01034--003 **758.75		
CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			
STREET ADDRESS			
CITY-ST-ZIP			

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: *Estrella O. Corbo P/T* DATE: November 12, 2008 (305) 223-7991

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR