

# **2010 FOR PROFIT CORPORATION REINSTATEMENT**

DOCUMENT# P05000071275

**FILED**  
**Feb 11, 2010**  
**Secretary of State**

**Entity Name:** A TROPICAL TOUCH LANDSCAPE DESIGN, INC.

**Current Principal Place of Business:**

8200 N W 10TH ST  
PEMBROKE PINES, FL 33024

**New Principal Place of Business:**

**Current Mailing Address:**

P.O. BOX 841031  
PEMBROKE PINES, FL 33084

**New Mailing Address:**

**FEI Number:** 20-2846145

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

PAJON, GONZALO  
8200 N W 10TH ST  
PEMBROKE PINES, FL 33024 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:** GONZALO PAJON

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:** PT  
**Name:** PAJON, GONZALO  
**Address:** 8200 N W 10TH ST  
**City-St-Zip:** PEMBROKE PINES, FL 33024

**Title:** VS  
**Name:** PAJON, GICELLE  
**Address:** 8200 N W 10TH ST  
**City-St-Zip:** PEMBROKE PINES, FL 33024

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:** GONZALO PAJON

PT

02/11/2010

Electronic Signature of Signing Officer or Director

Date