

2007 FOR PROFIT CORPORATION REINSTATEMENT

FILED

07 MAR 12 PM 1:00

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



REINSTATEMENT 06-07

DOCUMENT # P05000076010 1. Entity Name C.A.A.O. LANDSCAPING, COMPANY					
Principal Place of Business 300-A PINELAND COURT BLDG 7 ST. CLOUD, FL 34769 US			Mailing Address POB 451284 KISSIMMEE, FL 34745 US		
2. Principal Place of Business - No P.O. Box # 266 Scott Blvd		3. Mailing Address Suite, Apt. #, etc.			
City & State KISSIMMEE FL		City & State		4. FEI Number 20-2900775	
Zip 34746		Country US		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent RODRIGUEZ, ADAN 300-A PINELAND COURT BLDG 7 KISSIMMEE, FL 34769			7. Name and Address of New Registered Agent Name RODRIGUEZ, ADAN Street Address (P.O. Box Number is Not Acceptable) 266 Scott Blvd City KISSIMMEE FL Zip Code 34746		
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 <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE</small>					
			In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P RODRIGUEZ, ADAN 300-A PINELAND COURT, BLDG 7 ST CLOUD, FL 34769		TITLE NAME STREET ADDRESS CITY-ST-ZIP	P RODRIGUEZ, ADAN 266 SCOTT BLVD KISSIMMEE FL 34746	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	200093718302 03/19/07--01027--023 **600.00	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	900093718259 03/19/07--01027--022 **300.00	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	K. Eckel MAR 15 2007	
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: <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					