2006 FOR PROFIT CORPORATION REINSTATEMENT

KEINSTATEMENT							f ^{mr} 4 A B r				
DOCUMENT # P05000079888											
1. Entity Name											
OUTSTANDING LANDSCAPE & DESIGN, INC						1	16 OCT 29 A				
Drinning Plans of Business			Mailing Address			ALLAHASSEE, FLORIDA					
Principal Place of Business			Mailing Address 7697 SE KINGS WAY STREET			1 1	LLAHASSEE,	FLORIDA			
7697 SE KINGS WAY STREET Hobe Sound, Fl 33445			HOBE SOUND, FL 33445								
							I 98181 GIM BEIN BEIN BRI				
2. Principal Place of Business			3. Mailing Address								
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Suite, Apt. #, etc.			Suite, Apt. #, etc.			10102006	REIN-P	CR2E098 (11			
City & State			City & State			4. FEI Numb	315588	<u> </u> -		ied For Applicable	
Zip		Country	Zip	Cour	stry	5. Certificate	of Status Desired	□ \$8.75 Fee Re	Additi	onal	
6. Name and Address of Current			Registered Agent			7. Name and	Address of New R				
LIABBIG	A DOCTT	^		Name							
HARRIS, JARRETT O 7697 SE KINGS WAY STREET					Street Address (P.O. Box Number is Not Acceptable)						
HOBE SOUND, FL 33445											
					City	FL Zip Code					
9 The shave	namad antit	h, submite this statement fo	w the purpose of changing its	ropietor	ad affice or registe	rad agant or ha	th in the State of Ele	FL			
 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. It am familiar with, and accept the obligations of registered agent. 											
SIGNATURE											
FILE NOWI!! FEE IS \$150.00 After January 1, 2007, Fee will be \$300.00							In accordance w corporation did i	rith s. 607.193(2 not receive the p)(b), F. rior no	S., the tice.	
10.		OFFICERS AND	DIRECTORS	11.		ADDITIONS,	CHANGES TO OFFI	CERS AND DIREC	TORS I	N 11	
TITLE	— - ·····							□ Շեւ	inge	Addition	
NAME Street address	HARRIS, JARRETT O ADDRESS 7697 SE KINGS WAY STREET				EET ADDRESS	ADDRESS 800080786798			<u>.</u>		
CITY-ST-ZIP HOBE SOUND, FL 33445				CITY-ST		10/1	2/0601068	}023 **	150.	00	
TITLE			☐ Delete	TITL				☐ Cha	ınge	☐ Addition	
NAME Street address	ADDRESS		NAM		ET ADORESS						
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NAME				NAME				_	Ū	_	
STREET ADDRESS					ET ADDRESS						
CITY-ST-ZIP			П п.н.	-i	-ST-ZiP					☐ Addition	
TITLE NAME			☐ Delete	TITL NAM					uye	☐ Addition	
STREET ADDRESS				STRE	ET ADDRESS						
CITY-ST-ZIP	ļ			СПТ	-ST-ZIP	<u> </u>					
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name Street address					ET ADDRESS		•				
CITY-ST-ZIP					-ST-ZIP		_				
TITLE			☐ Delete	TITL		<u> </u>		☐ Ch	ange	■ Addition	
NAME				NAM	EET ADDRESS						
STREET ADDRESS CITY-ST-ZIP					-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 turbles 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: 10/10/06 (S61)644-3220 SIGNATURE: Dete Desprise Phone #											
Days Phone #											
								20	10	/21	