


2007 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P05000088603		
1. Entity Name PARADISE LANDSCAPING & LAWN MAINTENANCE, INC.		

FILED

07 OCT 31 AM 9:25

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



Principal Place of Business 1800 OLD MOODY BLVD STE 1 UNIT #981 BUNNELL, FL 32110	Mailing Address 1800 OLD MOODY BLVD STE 1 UNIT #981 BUNNELL, FL 32110
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2. Principal Place of Business - No P.O. Box # 41001 N. Highway U.S. 1	3. Mailing Address 121 Bird of Paradise Dr.
Suite, Apt. #, etc.	Suite, Apt. #, etc.

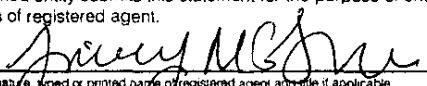
10/7/2007 REIN-P CR2E0987(1/07)

City & State Palm Coast, FL	City & State Palm Coast, FL
Zip 32135	Country Flagler
Zip FL/32137	Country Flagler

4. FEI Number 87-0748631	Applied For Not Applicable
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6. Name and Address of Current Registered Agent MC GOVERN, JAMES 121 BIRD OF PARADISE DR PALM COAST, FL 32137	
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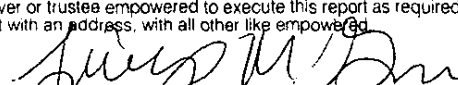
7. Name and Address of New Registered Agent	
Name	
Street Address (P.O. Box Number is Not Acceptable)	
City	
FL	Zip Code

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 	DATE 10.27.07

FILE NOW!!! FEE IS \$150.00 After January 1, 2008, Fee will be \$300.00	In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DPST MC GOVERN, JAMES 121 BIRD OF PARADISE DR PALM COAST, FL 32137
<input type="checkbox"/> Delete	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
<input type="checkbox"/> Delete	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	
<input type="checkbox"/> Delete	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
<input type="checkbox"/> Delete	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	500111534885 10/31/07--01010--003 **158.75
<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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"/> Change <input type="checkbox"/> Addition	
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"/> Change <input type="checkbox"/> Addition	

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: 	DATE 10.27.07 (386) 431-8893
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	

B. Mitchell UCI 31 11/11/07