FROM : Perry PHONE NO. : +334 222 0472 Feb. 06 2008 05:59PM P12

2008 FOR PROFIT CORPORATION REINSTATEMENT

FILED
08 FEB 21 AM 7:58
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

10/29/07 01046 004 $750.00

REINSTATEMENT 07-08

DOCUMENT # P05000112507

1. Entity Name
BOTTA LANDSCAPE AND MAINTENANCE, INC.

Principal Place of Business	Mailing Address
979 FOLSOM RD LOXAHATCHEE, FL 33470	979 FOLSOM RD LOXAHATCHEE, FL 33470
2. Principal Place of Business - No P.O. Box #	3. Mailing Address
Suite, Apt #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

4. FEI Number: 03-0569192 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
BEER, JERALD S ESQ 515 N FLAGLER DR STE 1800 W PALM BEACH, FL 33401	Name: BERTHA RODRIGUEZ Street Address (P.O. Box Number Is Not Acceptable): 229 SWAIN BLVD. City: GREEN ACRES FL Zip Code: 33463

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: [signature] 02-07-08
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $600.00 2-07-2008

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BOTTA, CARLOS 979 FOLSOM RD LOXAHATCHEE, FL 33470	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D. BOTTA HORACIO 1149 MOCKEN DR. W.P.B. FL. 33406	☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BOTTA, PATRICIA 979 FOLSOM RD LOXAHATCHEE, FL 33470	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	700118543077 02/21/08--01029--005 **150.00	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ 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: X [signature] 02-07-2008 561-574-1677
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

JC 2/22