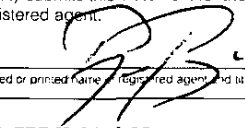
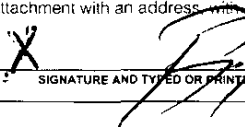


# 2007 FOR PROFIT CORPORATION REINSTATEMENT

<b>DOCUMENT # P05000114002</b> 1. Entity Name <b>EL SOL DEL RIO LANDSCAPING, INC</b>																											
Principal Place of Business <b>103 PINATA CT KISSIMMEE, FL 34743</b>		Mailing Address <b>103 PINATA CT KISSIMMEE, FL 34743</b>																									
2. Principal Place of Business - No P.O. Box # <b>1901 CROSSHAIR CR</b> Suite, Apt. #, etc.		3. Mailing Address <b>1901 CROSSHAIR CR</b> Suite, Apt. #, etc.																									
City & State <b>ORLANDO FLORIDA</b>		City & State <b>ORLANDO FLORIDA</b>																									
Zip <b>32837</b>	Country	Zip <b>32837</b>	Country																								
4. FEI Number <b>20-3316890</b>		Applied For <input type="checkbox"/> Not Applicable																									
5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75</b> Additional Fee Required																									
6. Name and Address of Current Registered Agent  <b>PIERZO, ROQUE 103 PINATA CT KISSIMMEE, FL 34743</b>		7. Name and Address of New Registered Agent Name <b>PIERZO ROQUE</b> Street Address (P.O. Box Number is Not Acceptable) <b>1901 CROSSHAIR CR</b> City <b>ORLANDO</b> <b>FL</b> Zip Code <b>32837</b>																									
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  <span style="float: right;">10/15/07</span> <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE</small>																											
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After January 1, 2008, Fee will be \$300.00</b>		In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.																									
10. OFFICERS AND DIRECTORS <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 10%;">TITLE</td> <td style="width: 10%;">P</td> <td style="width: 10%;"><input type="checkbox"/> Delete</td> </tr> <tr> <td>NAME</td> <td>PIERZO, ROQUE</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>103 PINATA CT</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>KISSIMMEE, FL 34743</td> <td></td> </tr> </table>		TITLE	P	<input type="checkbox"/> Delete	NAME	PIERZO, ROQUE		STREET ADDRESS	103 PINATA CT		CITY-ST-ZIP	KISSIMMEE, FL 34743		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 10%;">TITLE</td> <td style="width: 10%;">P</td> <td style="width: 10%;"><input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>NAME</td> <td>PIERZO ROQUE</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>1901 CROSSHAIR CR</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>ORLANDO, FL 32837</td> <td></td> </tr> </table>		TITLE	P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	NAME	PIERZO ROQUE		STREET ADDRESS	1901 CROSSHAIR CR		CITY-ST-ZIP	ORLANDO, FL 32837	
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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:  <span style="float: right;">10/15/07</span> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>																											

FILED

07 OCT 18 AM 10:24

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



REINSTATEMENT 10152007-00098 (1/07) 07