

2007 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P05000120798		
1. Entity Name AACTION MULCH, INC.		

Principal Place of Business 6290 THOMAS ROAD FORT MYERS, FL 33912	Mailing Address 6290 THOMAS ROAD FORT MYERS, FL 33912
---	---

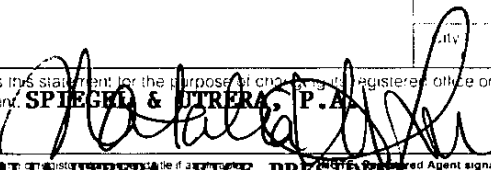
2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.
---	---

City & State	City & State
Zip	Country

09212007 REIN-P CR2E098 (1/07)

4. FEI Number 20-3398774	Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required	

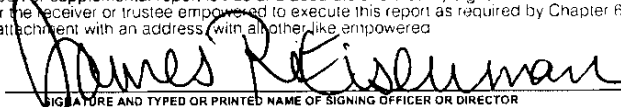
6. Name and Address of Current Registered Agent SPIEGEL & UTRERA, P.A. 1840 SOUTHWEST 22 STREET, 4TH FLOOR MIAMI, FL 33145	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City
---	---

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.	BY:  SIGNATURE: NATALIA UTRERA, VICE PRESIDENT
---	---

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
--	---

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD EISENMAN, JAMES R 6290 THOMAS ROAD FORT MYERS, FL 33912 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	600110061236 03/28/07--01055--006 **150.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VTD EISENMAN, JOSHUA 6290 THOMAS ROAD FORT MYERS, FL 33912 ☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD Eisenman, Jeremy S. 6290 Thomas Road Fort Myers, Florida 33912 ☐ Change ☒ Add
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD EISENMAN, TAMMI 6290 THOMAS ROAD FORT MYERS, FL 33912 ☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Add
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Add
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Add
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Add

REINSTATEMENT 07/28

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 another like empowered.	
SIGNATURE:  SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	Date: 9/20/07

FILED
07 SEP 24 PM 2:16
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

