

2007 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P05000141092

1. Entity Name
DAVID'S LANDSCAPING, INC.



FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

07 APR 18 AM 7:22

Principal Place of Business 15501 SW 164 ST. MIAMI, FL 33187	Mailing Address 15501 SW 164 ST. MIAMI, FL 33187
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REINSTATEMENT

26-07



2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.
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04032007 REIN-P CR2E098 (1/07)

City & State	City & State
Zip Country	Zip Country

4. FEI Number 20-3647013	Applied For Not Applicable
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5. Certificate of Status Desired **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

CORPORATE CREATIONS NETWORK INC.
11380 PROSPERITY FARMS RD., STE. 221E
PALM BEACH GARDENS, FL 33410

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$300.00

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS	
TITLE	D <input type="checkbox"/> Delete PEREZ, DAVID N. 15501 SW 164 ST. MIAMI, FL 33187
TITLE	D <input type="checkbox"/> Delete PEREZ, FARAH 15501 SW 164 ST. MIAMI, FL 33187
TITLE	<input type="checkbox"/> Delete
TITLE	<input type="checkbox"/> Delete
TITLE	<input type="checkbox"/> Delete
TITLE	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	Change <input type="checkbox"/> Addition <input type="checkbox"/> 500103238505 05/25/07--01010--017 **300.00
TITLE	Change <input type="checkbox"/> Addition <input type="checkbox"/>
TITLE	Change <input type="checkbox"/> Addition <input type="checkbox"/>
TITLE	Change <input type="checkbox"/> Addition <input type="checkbox"/>
TITLE	Change <input type="checkbox"/> Addition <input type="checkbox"/>
TITLE	Change <input type="checkbox"/> Addition <input type="checkbox"/>

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: **04/03/07** **786-395-2120**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #