

2007 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# P05000151230

FILED
May 18, 2007
Secretary of State

Entity Name: PLANTSCAPES LANDSCAPE MAINTENANCE INC

Current Principal Place of Business:

6432 ALLEN STREET
HOLLYWOOD, FL 33024

New Principal Place of Business:

Current Mailing Address:

6432 ALLEN STREET
HOLLYWOOD, FL 33024

New Mailing Address:

FEI Number: 20-1693746

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

ISA, IZQUIERDO
6432 ALLEN STREET
HOLLYWOOD, FL FL US

Name and Address of New Registered Agent:

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.

SIGNATURE: ISA IZQUIERDO

Electronic Signature of Registered Agent

Date

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

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: ISA, IZQUIERDO
Address: 6432 ALLEN STREET
City-St-Zip: HOLLYWOOD, FL 33024

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: VP () Change (X) Addition
Name: IZQUIERDO, GLADYS A
Address: 6432 ALLEN STREET
City-St-Zip: HOLLYWOOD, FL 33024 US

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ISA IZQUIERDO

P

05/18/2007

Electronic Signature of Signing Officer or Director

Date