2006 FOR PROFIT CORPORATION REINSTATEMENT

REINSTATEMENT									
1. Entity Nam	MENT # P050QQ157 REEN LAWN & TREE SERV) W 3: 29		
Principal Place of Business 1473 N.E. 30TH COURT POMPANO BEACH, FL 33064		Mailing Address 1473 N.E. 30TH COURT POMPANO BEACH, FL 33	3064	Va		SEGAL TALLAS			
2. Principal Place of Business		3. Mailing Address							
Suite, Apt. #, etc.		Suite, Apt. #, etc.		Pie	MS4	APICI	VIDE 20	98 (14/05)	NCP WAS
City & State		City & State	Country	4. FEI Numb 59		3525		No	plied For t Applicable
Zip 	Country	Zip	Country	l	ficate of State			\$8.75 Add Fee Required	
	6. Name and Address of Current	Registered Agent	Name	/. Nam	e and Addre	ss of New R	egistered A	Agent	
	RALPH 30TH COURT D BEACH, FL 33064			Street Address (P.O. Box Number is Not Acceptable)					
			City				FL	Zip Code)
the obligat	named entity submits this statement for ions of registered agent. Signature, typed or printed name of registered agent. E NOWIII FEE IS \$150.00 nuary 1, 2007, Fee will be \$300.0	and title if applicable. (MOTE: I		ature required when rain	stating)	ccordance wo	DATE vith s. 607.	.193(2)(b), l	F.S., the
10.	OFFICERS AND	DIRECTORS	11.	ADDIT	ONS/CHAN	GES TO OFF	ICERS AND	DIRECTORS	SIN 11
TITLE NAME STREET ADDRESS CITY-ST-ZIP	(N)	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Sharon CASEC 1473 N Pompo	1etc	~~ <u>~</u>	سەد 73 . كى	□ Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		8000	0808: -01051-	324(☐ Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP					☐ Change	Addition
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TITLE NAME STREET ADDRESS CFTY-ST-ZIP		Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP					☐ Change	Addition
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.

CICALATTIDE.

S. Claydon.