2007 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P06000001906

1. Entity Name
GREEN PARADISE LANDSCAPERS INC.

FILED
07 DEC 26 AM 10: 27
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

REINSTATEMENT 07

Principal Place of Business	Mailing Address
21055 SW 236 STREET HOMESTEAD, FL 33031	21055 SW 236 STREET HOMESTEAD, FL 33031

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

4. FEI Number: APPLIED FOR ☐ Applied For ☐ No Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

VILA, RICHARD E
21055 SW 236 STREET
HOMESTEAD, FL 33031

7. Name and Address of New Registered Agent

Name: Accounting Solutions of Homestead
Street Address (P.O. Box Number is NOT Acceptable): 1005 N. Krome Ave Suite 124
City: Homestead, FL Zip Code: 33030

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: _____ DATE: 12/18/07
Signature of new registered agent and title, if applicable (NOTE: Registered Agent signature required when reinstating)

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 IN 11	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P VILA, EDGAR F 21055 SW 236 STREET HOMESTEAD, FL 33031	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition 500113407545 12/26/07--01053--017 **158.75
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VP VILA, RICHARD E 21055 SW 236 STREET HOMESTEAD, FL 33031	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	T VILA, EDUARDO A 21055 SW 236 STREET HOMESTEAD, FL 33031	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
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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: _____ 12/18/07
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

12/26/07