
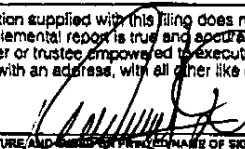


# 2008 FOR PROFIT CORPORATION REINSTATEMENT

FILED

08 OCT 30 PM 2:45

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

<b>DOCUMENT # P06000009109</b>					
1. Entity Name <b>PJP NURSERY INC.</b>					
Principal Place of Business <b>26000 SW 147 AVE HOMESTEAD, FL 33032</b>			Mailing Address <b>26000 SW 147 AVE HOMESTEAD, FL 33032</b>		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		10272008 REIN-P CR2E098 (1/07)	
Zip		Country		4. FEI Number <b>20-4168064</b>	
				Applied For <input type="checkbox"/> Not Applicable	
				5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
<b>DIAZ, JOSE L 15020 SW 308 STREET HOMESTEAD, FL 33032</b>			Name		
			Street Address (P.O. Box Number is Not Acceptable)		
			City		
			<b>FL</b>		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 _____ DATE _____ <small>Signature, typed or printed name of registered agent and fee if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
<b>FILE NOW!!! FEB IS \$150.00 After January 1, 2008, Fee will be \$300.00</b>			In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.		
<b>10. OFFICERS AND DIRECTORS</b>				<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>	
TITLE	DP <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	DIAZ, JOSE L	NAME	<b>700137483587</b>		
STREET ADDRESS	15020 SW 308 STREET	STREET ADDRESS	10/30/08--01033--010 **150.00		
CITY-ST-ZIP	HOMESTEAD, FL 33035	CITY-ST-ZIP			
TITLE	DV <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	DIAZ, PASCUAL	NAME			
STREET ADDRESS	15020 SW 308 STREET	STREET ADDRESS			
CITY-ST-ZIP	HOMESTEAD, FL 33033	CITY-ST-ZIP			
TITLE	DS <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	DIAZ, PLACIDO	NAME			
STREET ADDRESS	13120 SW 245 TERRACE	STREET ADDRESS			
CITY-ST-ZIP	PRINCETON, FL 33032	CITY-ST-ZIP			
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME		NAME			
STREET ADDRESS		STREET ADDRESS			
CITY-ST-ZIP		CITY-ST-ZIP			
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME		NAME			
STREET ADDRESS		STREET ADDRESS			
CITY-ST-ZIP		CITY-ST-ZIP			
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: <b>X</b> 				10-27-08	
SIGNATURE AND ADDRESS OF PERSON IN NAME OF SIGNING OFFICER OR DIRECTOR				Date Daytime Phone #	

10/30/08