

2009 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# P06000021689

FILED
Oct 08, 2009
Secretary of State

Entity Name: TROPICAL FLORIDA LANDSCAPING, INC.

Current Principal Place of Business:

741 S. ORLANDO AVE
COCOA BEACH, FL 32931 US

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 321460
COCOA BEACH, FL 32932 US

New Mailing Address:

FEI Number: 20-4328723

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

CUDE, GREGORY M OWNER
1505 GLEN HAVEN AVE
MERRITT ISLAND, FL 32952 US

Name and Address of New Registered Agent:

CUDE, GREGORY M OWNER
426 NAISH AVE
COCOA BEACH, FL 32931 US

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: GREGORY M CUDE

10/08/2009

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: PVST () Delete
Name: CUDE, GREGORY M OWNER
Address: P.O. BOX 321460
City-St-Zip: COCOA BEACH, FL 32932 US

Title: PVST () Delete
Name: GREGORY, CUDE M OWNER
Address: P.O. BOX 321460
City-St-Zip: COCOA BEACH, FL 32932 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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: GREGORY M CUDE

PRES

10/08/2009

Electronic Signature of Signing Officer or Director

Date