## 2007 FOR PROFIT CORPORATION REINSTATEMENT

REINSTATEMENT									
	MENT # P060000388								
1. Entity Name HILARIO'S LAWN MAINTENANC → LANDSCAPING INC							FILED		
0	/P :			IES!		2007 DE	C31 AHII	: 4	
1108 77TH STREET EAST P.O. BOX 1589		Mailing Address P.O. BOX 1589				JECKE	TARY UP ST	TATE	
PALMETTO, I	FL 34221 US	PALMETTO, FL 34220	US			TALLA	IASSEE, FL	עואט	Α.
Principal Place of Business - No P.O. Box # 3. Mailing Address									
1108 77		P.O. Box 1589 Suite, Apt. #, etc.				1 44714 B4117 BB171 BB171 B	lafin Reinn hillt iniði löl:	88 INTR IT	<u>ა</u> ე
City & State		City & State			12172007 4. FEI Numb	REIN-PT	\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	(1/07)	plied For
talma	Ltto Fi	Palmetto	FI			<u>509505</u>		No	t Applicable
34221	Country USA	34220	Country		5. Certificate	of Status Desired		<b>75</b> Add Require	
	6. Name and Address of Current Re	egistered Agent	Name		7. Name and	Address of New	Registered Agen	<u>t</u>	
RAMIREZ,									
1108 77TH STREET EAST PALMETTO, FL 34221			Street Address (P.O. Box Number is Not Acceptable)						
			City						
9. The above corned actity submits this statement in the surround above in the same					<del></del>			Zip Cod	
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 Ting M- Kamirez - VP Aure Kamire (17/46/07) Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required whomalinatating)  DATE									
FILE NOW!!! FEE IS \$150.00 In accordance with s. 607.193(2)(b), F.S., the									
After January 1, 2008, Fee will be \$300.00 corporation did not receive the prior notice.								notice.	
10.	OFFICERS AND DI		11.		ADDITIONS	CHANGES TO OF	FICERS AND DIR		
TITLE NAME	RAMIREZ, HILARIO	☐ Delete	TITLE NAME		.=		_	Change 	☐ Addition
STREET ADDRESS CITY-ST-ZIP	1108 77TH STREET EAST PALMETTO, FL 34221		STREET ADDRESS CITY-ST-ZIP		30 12/31,	/U1135 /0701035	520663 023 **1	₃ 50.0	0
TITLE	VP	☐ Delete	TITLE					Change	Addition
NAME STREET ADDRESS	RAMIREZ, TINA M 1108 77TH STREET EAST		NAME Street address		1237	#11#R	201663 -024 ***	375	
CITY-ST-ZIP	PALMETTO, FL 34221		CITY-ST-ZIP		24. 24.		COLLEGE (Protection)	-10	
TITLE NAME	D PEREZ, JUAN	<b>₽</b> Delete	TITLE NAME					Change	Addition
STREET ADDRESS	2315 16TH AVENUE CIRCLE EAS	т	STREET ADDRESS						
CITY-ST-ZIP	PALMETTO, FL 34221		CITY-ST-ZIP						
TITLE NAME	S MARTINEZ, VICTOR	Delete	TITLE NAME					Change	Addition
STREET ADDRESS CITY-ST-ZIP	2315 16TH AVENUE CIRCLE EAST PALMETTO, FL 34221	Т	STREET ADDRESS CITY-ST-ZIP						
TITLE		☐ Delete	TITLE					Change	Addition
NAME STREET ADDRESS			NAME STREET ADDRESS						
CITY-ST-ZIP			CITY-ST-ZIP		·				
TITLE NAME		☐ Delete	TITLE NAME					Change	Addition Addition
STREET ADDRESS			STREET ADDRESS						
CITY-ST-ZIP	ertify that the information supplied with th	is filling does not qualify for th	City-St-ZiP	ntained i	in Chapter 110	Florida Statutes	I further cortify the	t the in	formation
· · · · · · · · · · · · · · · · · · ·	ctary tractine inivitriation Supplied With III	is ming does not quality for th	e exemplions co	ипанней і	птопаріві (19	, i ionua Statutes.	THURSHEL CERTIFY INS	ı. u e m	orriauon (

2. Thereby certify that the information supplies that is made under oath; that i am an officer or director indicated on this report or suppliemental 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.

IGNATURE: June Ramins - Tina M. Ramins 2 - VP 13/26/07 (94) 780-1638