2007 FOR PROFIT CORPORATION REINSTATEMENT

FILED
Nov 29, 2007
Secretary of State

DOCUMENT# P06000087065

Entity Name: M D ALMIRA NURSERY INC

Current Principal Place of Business:

18841 SE 316 ST
HOMESTEAD, FL 33030

New Principal Place of Business:

18841 SW 316 ST
HOMESTEAD, FL 33030

Current Mailing Address:

18841 SE 316 ST
HOMESTEAD, FL 33030

New Mailing Address:

18841 SW 316 ST
HOMESTEAD, FL 33030

FEI Number: 20-5126779 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

ALMIRA, DAVID
18841 SE 316 ST
HOMESTEAD, FL 33030 US

Name and Address of New Registered Agent:

ALMIRA, DAVID
18841 SW 316 ST
HOMESTEAD, FL 33030 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: DAVID ALMIRA 11/29/2007
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: PD ( ) Delete
Name: ALMIRA, DAVID
Address: 18841 SE 316 ST
City-St-Zip: HOMESTEAD, FL 33030

Title: VPD ( ) Delete
Name: ALMIRA, MICOL
Address: 18841 SE 316 ST
City-St-Zip: HOMESTEAD, FL 33030

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change ( ) Addition
Name: ALMIRA, DAVID
Address: 18841 SW 316 ST
City-St-Zip: HOMESTEAD, FL 33030

Title: VPD (X) Change ( ) Addition
Name: ALMIRA, MICOL
Address: 18841 SW 316 ST
City-St-Zip: HOMESTEAD, FL 33030

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: DAVID ALIMRA PD 11/29/2007
Electronic Signature of Signing Officer or Director Date