REINSTATEMENT

2007 FOR PROFIT CORPORATION ~~ANNUAL REPORT~~

9/6/2007-90008-034-$150.00-$150.00

FILED

07 SEP 25 PM 3:55

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P06000096572

1. Entity Name
AM & M LANDSCAPE & TRACTOR SERVICE CORP.

Principal Place of Business	Mailing Address
P.O. BOX 15706 TALLAHASSEE, FL 32317	P.O. BOX 15706 TALLAHASSEE, FL 32317

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
3204 OLSON ROAD	P.O. BOX 15706
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: TALLAHASSEE FLORIDA	City & State: TALLAHASSEE FLORIDA
Zip: 32309 Country: US	Zip: 32317 Country: US

07312007 Chg-P CR2E034 (12/06)

4. FEI Number [ ] Applied For [X] Not Applicable

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

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
FORD, MELVIN JR 3320 ARGONAUT DR. TALLAHASSEE, FL 32308	Name Street Address (P.O. Box Number is Not Acceptable) City **FL** 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
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS $150.00
Due by September 14, 2007

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

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 FORD, MELVIN P.O. BOX 15706 TALLAHASSEE, FL 32317	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	V FORD, MELVIN JR. P.O. BOX 15706 TALLAHASSEE, FL 32317	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	V FORD, ANTOINE P.O. BOX 15706 TALLAHASSEE, FL 32317	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	V FORD, MELRENZO P.O. BOX 15706 TALLAHASSEE, FL 32317	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
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REINSTATEMENT 07 MS

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: _____ MELVIN FORD 7/31/07 850-320-4182
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #