

# 2009 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# P06000114349

**FILED**  
**Jan 22, 2009**  
**Secretary of State**

**Entity Name:** LANDSCAPE MAINTENANCE PROPERTY MANAGEMENT INC.

**Current Principal Place of Business:**

3848 ZAMBRANA AVENUE  
NORTH PORT, FL 34286

**New Principal Place of Business:**

1208 GROVELAND AVE  
VENICE, FL 34285

**Current Mailing Address:**

P.O. BOX 7353  
NORTH PORT, FL 34287

**New Mailing Address:**

P.O. BOX 1553  
VENICE, FL 34284

FEI Number: 22-3942571

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

SPIEGEL & UTRERA, P.A.  
1840 SW 22ND ST.  
4TH FLOOR  
MIAMI, FL 33145 US

**Name and Address of New Registered Agent:**

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: NATALIA UTRERA PA

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: ADAMS, ALBERT JOHN  
Address: 3848 ZAMBRANA AVENUE  
City-St-Zip: NORTH PORT, FL 34286

Title: VPST ( ) Delete  
Name: MONTEALEGRE ADAMS, MARICEL  
Address: 3848 ZAMBRANA AVENUE  
City-St-Zip: NORTH PORT, FL 34286

**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: ALBERT J. ADAMS

PD

01/22/2009

Electronic Signature of Signing Officer or Director

Date