

2008 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# P06000122059

FILED
Jun 23, 2008
Secretary of State

Entity Name: GREEN PARADISE NURSERY INC.

Current Principal Place of Business:

5105 THOMPkins DRIVE
ST. CLOUD, FL 34771

New Principal Place of Business:

5105 THOMPkins DRIVE
ST. CLOUD, FL 34771 US

Current Mailing Address:

5105 THOMPkins DRIVE
ST. CLOUD, FL 34771

New Mailing Address:

5105 THOMPkins DRIVE
ST. CLOUD, FL 34771 US

FEI Number: 20-5601336

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

DIAZ, FERNANDO
5105 THOMPkins DRIVE
ST. CLOUD, FL 34771 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: FERNANDO DIAZ

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: P () Delete
Name: DIAZ, FERNANDO
Address: 5105 THOMPkins DRIVE
City-St-Zip: ST. CLOUD, FL 34771

Title: V () Delete
Name: DIAZ, JOSE L
Address: 15020 SW 306 STREET
City-St-Zip: HOMESTEAD, FL 33033

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: DIAZ, FERNANDO
Address: 5105 THOMPkins DRIVE
City-St-Zip: ST. CLOUD, FL 34771 US

Title: V (X) Change () Addition
Name: DIAZ, JOSE L
Address: 15020 SW 306 STREET
City-St-Zip: HOMESTEAD, FL 33033 US

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: FERNANDO DIAZ

Electronic Signature of Signing Officer or Director

P

06/23/2008

Date