2009 FOR PROFIT CORPORATION REINSTATEMENT

changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

DOCUMENT # P06000147608 FILED DESIRE PROPERTIES LAWN AND LANSCAPING INC. 09 MAY -8 PM 2: 23 Mailing Address Principal Place of Business SLCKETARY OF STATE TALLAHASSEE, FLORIDA 9010 N.W. 53RD ST. 9010 N.W. 53RD ST. CORAL SPRINGS, FL 33067 CORAL SPRINGS, FL 33067 2. Principal Place of Business - No P.O. Box # 3. Mailing Address ONTENP CREEOS (1/07) Suite, Apt. #, etc. Suite, Apt. #, etc. 4. FEI Number 24-4715705 Applied For City & State City & State Not Applicable \$8.75 Additional Zip Country Zíp Country 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name DESIRE, PATRICK Street Address (P.O. Box Number is Not Acceptable) 9010 N.W. 53RD ST. CORAL SPRINGS, FL 33067 Zip Code City 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. /NOTE: Bacintared Agent algorithms required when reinstating In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice. FILE NOWILL FEE IS \$300.00 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 11. 10. ☐ Change Addition TITLE Delete TITLE DESIRE, PATRICK NAME NAME 9010 N.W 53RD ST. STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CORAL SPRING, FL 33067 COY-ST-ZP Yucese Desire ☐ Addition Delete TITLE TITLE DESIRE, ARNOLD NAME NAME 9010 N.W. 53 CA St. STREET ADDRESS 9010 N.W. 53RD ST. STREET ADDRESS (orch Spc: mgs, fl. 33067 CITY-ST-ZIP CORAL SPRINGS, FL 33067 CITY-ST-ZIP ☐ Addition TITLE ☐ Delete TITLE NAME NAME 800149334048 04/09/09--01041--030 ***300.00 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIE ☐ Change ☐ Addition ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP TITLE Delete TITLE ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-Z)P CITY - ST - ZIP Change ☐ Addition TITLE ☐ Delete TILLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 12. I hereby certify that the information supplied with this filling 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