

2009 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# P07000027297

FILED
May 23, 2009
Secretary of State

Entity Name: GALVAN BROTHERS LAWN & LANDSCAPING, INC

Current Principal Place of Business:

12130 GULFSTREAM BLVD
PORT CHARLOTTE, FL 33981 US

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 564
PLACIDA, FL 33946 US

New Mailing Address:

FEI Number: 20-8547143

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

KEUKER TAX SERVICE INC
1931 TAMIAMI TRAIL
12
PORT CHARLOTTE, FL 33948 US

Name and Address of New Registered Agent:

APT INCOME TAX & ACCOUNTING SERVICES, INC
21045 PEACHLAND BLVD
PORT CHARLOTTE, FL 33954 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: AMBER I. TOTH

05/23/2009

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: JESUS, GALVAN
Address: 12130 GULFSTREAM BLVD
City-St-Zip: PORT CHARLOTTE, FL 33981

Title: VP () Delete
Name: GALVAN, VICTOR
Address: 324 GREEN ST.
City-St-Zip: ENGLEWOOD, FL 34223

Title: ST () Delete
Name: GALVAN, JOSE
Address: 9384 WILLMINGTON BLVD
City-St-Zip: ENGLEWOOD, FL 34224

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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: JESUS GALVAN

P

05/23/2009

Electronic Signature of Signing Officer or Director

Date