# 2009 FOR PROFIT CORPORATION REINSTATEMENT

**FILED**
**Oct 25, 2009**
**Secretary of State**

DOCUMENT# P07000125272

**Entity Name:** WALTER'S LAWN CARE & LANDSCAPING INC

**Current Principal Place of Business:**

8842 NW 19TH ST
CORAL SPRINGS, FL 33071

**New Principal Place of Business:**

**Current Mailing Address:**

8842 NW 19TH ST
CORAL SPRINGS, FL 33071

**New Mailing Address:**

**FEI Number: 26-1436045** **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

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

BUENO, WALTER
8842 NW 19TH ST
CORAL SPRINGS, FL 33071 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: WALTER BUENO

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: BUENO, WALTER
Address: 8842 NW 19TH ST
City-St-Zip: CORAL SPRINGS, FL 33071

Title: VP1 ( ) Delete
Name: BUENO, PERLA
Address: 8842 NW 19TH ST
City-St-Zip: CORAL SPRINGS, FL 33071

Title: VP2 ( ) Delete
Name: WORSNOP, CHRISTINE
Address: 8842 NW 19TH ST
City-St-Zip: CORAL SPRINGS, FL 33071

**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: WALTER BUENO P 10/25/2009

Electronic Signature of Signing Officer or Director — Date