

## 2008 FOR PROFIT CORPORATION REINSTATEMENT

FILED

08 DEC 10 PM 4:46

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

<b>DOCUMENT # P07000133571</b> 1. Entity Name DESIGN LANDSCAPE MGMT. INC.			
Principal Place of Business 10108 ALBYAR AVE. RIVERVIEW, FL 33569 US		Mailing Address 10108 ALBYAR AVE. RIVERVIEW, FL 33569 US	
2. Principal Place of Business - No P.O. Box #  Suite, Apt. #, etc.		3. Mailing Address  Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
6. Name and Address of Current Registered Agent  GASKIN, DOUGLAS A 10108 ALBYAR AVE. RIVERVIEW, FL 33569		7. Name and Address of New Registered Agent  Name Street Address (P.O. Box Number is Not Acceptable)  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.		5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	
SIGNATURE: Signature, typed or printed name of registered agent and title if applicable		DATE: 12/4/08 (NOTE: Registered Agent signature required when reinstating)	
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After January 1, 2009, Fee will be \$300.00</b>		In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE: P NAME: GASKIN, DOUGLAS A STREET ADDRESS: 10108 ALBYAR AVE. CITY - ST - ZIP: RIVERVIEW, FL 33569	<input type="checkbox"/> Delete	TITLE: NAME: STREET ADDRESS: CITY - ST - ZIP:	<input type="checkbox"/> Change <input type="checkbox"/> Addition 100138880931 12/10/08--01038--004 **\$158.75
TITLE: VP NAME: GASKIN, PATRICE L STREET ADDRESS: 10108 ALBYAR AVE. CITY - ST - ZIP: RIVERVIEW, FL 33569	<input type="checkbox"/> Delete	TITLE: NAME: STREET ADDRESS: CITY - ST - ZIP:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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12. I hereby certify that the information supplied with this filing 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 changed, or on an attachment with an address, with all other like empowered.			
SIGNATURE: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		DATE: 12/4/08      813-672-3372 Daytime Phone #	

12/10/08