

# **2011 FOR PROFIT CORPORATION REINSTATEMENT**

DOCUMENT# P08000003725

**FILED**  
**Jan 13, 2011**  
**Secretary of State**

**Entity Name:** PRO-GREEN NURSERY CORP

**Current Principal Place of Business:**

14351 SW 224 ST  
MIAMI, FL 33170

**New Principal Place of Business:**

**Current Mailing Address:**

6420 DOLPHIN DR  
CORAL GABLES, FL 33158

**New Mailing Address:**

P.O.BOX 560065  
MIAMI, FL 33256

**FEI Number:**

**FEI Number Applied For ( )**

**FEI Number Not Applicable (X)**

**Certificate of Status Desired (X)**

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

LAMADRID, FRANCISCO  
6420 DOLPHIN DR  
CORAL GABLES, FL 33158 US

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

LAMADRID, FRANCISCO  
14351 SW 224 ST  
MIAMI, FL 33170 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: FLAMADRID

01/13/2011

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: P  
Name: LAMADRID, MONIKA  
Address: P.O.BOX 560065  
City-St-Zip: MIAMI, FL 33256 US

Title: VP  
Name: LAMADRID, FRANCISCO  
Address: P.O.BOX 560065  
City-St-Zip: MIAMI, FL 33170

I hereby 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 all other like empowered.

SIGNATURE: MLAMADRID

P

01/13/2011

Electronic Signature of Signing Officer or Director

Date