2009 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# P08000041254

Entity Name: FLOYD COVE NURSERY, INC.

DELTONA, FL 32725 US

City-St-Zip:

FILED Oct 08, 2009 Secretary of State

Current P	rincipal Plac	e of Business:	New Principal Place	New Principal Place of Business:	
	DRY WOODS	CT			
2D DELTONA	, FL 32725	US			
Current M	lailing Addre	ess:	New Mailing Address	New Mailing Address:	
	DRY WOODS	CT			
2D DELTONA	, FL 32725	US			
FEI Number:	: 26-2600402	FEI Number Applied For ()	FEI Number Not Applicable ()	Certificate of Status Desired ()	
Name and Address of Current Registered Agent: Name and Address of New Registered Agent:					
2D DELTONA The above in the State	ORY WOODS The specific properties of Florida.	JS submits this statement for the	e purpose of changing its registered	d office or registered agent, or both,	
SIGNATU	RE: GUY A F	PIERCE onic Signature of Registered A	aent	 Date	
Election Car	ce with s. 607.1	93(2)(b), F.S., the corporation diding Trust Fund Contribution ().	not receive the prior notice.	ES TO OFFICERS AND DIRECTORS:	
Title: Name: Address: City-St-Zip:	PIERCE, GUY	/ WOODS CT APT 2D	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name:	PIERCE, KAR) Delete EN (WOODS CT APT 2D	Title: Name: Address	() Change () Addition	

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: GUY A PIERCE PRES 10/08/2009