


# 2014 FOR PROFIT CORPORATION REINSTATEMENT

APPROVED  
AND  
FILED

14 OCT 24 AM 10:23

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P09000023291	
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1. Entity Name  
K & J NURSERY & LANDSCAPING INC.

Principal Place of Business  
114 THOMPSON CIRCLE  
TALLAHASSEE, FL 32312

Mailing Address  
P.O. BOX 13794  
TALLAHASSEE, FL 32317

2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

10242014

REIN-P

CR2E098 (12/11)

4. FEI Number  
80-0424107

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

FREEMAN, JUDIANNA  
113 THOMPSON CIRCLE  
TALLAHASSEE, FL 32312

Name  
Street Address (P.O. Box Number is Not Acceptable)  
City  
FL Zip Code

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.

SIGNATURE

*[Signature]*

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$750.00  
After January 1, 2015, Fee will be \$900.00

10. OFFICERS AND DIRECTORS

TITLE P  
NAME FREEMAN, JUDIANNA  
STREET ADDRESS 113 THOMPSON CIRCLE  
CITY-ST-ZIP TALLAHASSEE, FL 32312 ☐ Delete

TITLE VP  
NAME FREEMAN, KAREY  
STREET ADDRESS 113 THOMPSON CIRCLE  
CITY-ST-ZIP TALLAHASSEE, FL 32312 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE  
NAME 392 Bannerman Rd  
STREET ADDRESS Tallahassee FL 32312 ☐ Change ☐ Addition

TITLE  
NAME 392 Bannerman Rd  
STREET ADDRESS Tallahassee FL 32312 ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE 900265825783  
NAME 10/24/14--01005--003 \*\*750.00 ☐ Change ☐ Addition

TITLE REINSTATEMENT  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

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]*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10/24/14

DATE

kjnursey4@gmail.com

E-MAIL ADDRESS