

# **2011 FOR PROFIT CORPORATION REINSTATEMENT**

DOCUMENT# P09000034808

**Entity Name:** CAMBA LANDSCAPING INC

**FILED**  
**Jul 26, 2011**  
**Secretary of State**

**Current Principal Place of Business:**

2629 KINNON DR  
ORLANDO, FL 32817

**New Principal Place of Business:**

**Current Mailing Address:**

2629 KINNON DR  
ORLANDO, FL 32817

**New Mailing Address:**

**FEI Number:** 26-4708931

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

CAMBA, ANGEL  
2629 KINNON DR  
ORLANDO, FL 32817 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:** ANGEL CAMBA

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

**Title:** P  
**Name:** CAMBA, ANGEL  
**Address:** 2629 KINNON DR  
**City-St-Zip:** ORLANDO, FL 32817

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:** ANGEL CAMBA

OWNE

07/26/2011

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date