

# **2010 FOR PROFIT CORPORATION REINSTATEMENT**

DOCUMENT# P09000054567

**FILED**  
**Oct 03, 2010**  
**Secretary of State**

**Entity Name:** TROPICAL SUNSHINE LANDSCAPE, CORP.

**Current Principal Place of Business:**

8200 NW 10 STREET  
PEMBROKE PINES, FL 33024

**New Principal Place of Business:**

**Current Mailing Address:**

8200 NW 10 STREET  
PEMBROKE PINES, FL 33024

**New Mailing Address:**

**FEI Number:**

**FEI Number Applied For ( )**

**FEI Number Not Applicable (X)**

**Certificate of Status Desired ( )**

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

PAJON, GONZALO  
8200 NW 10 STREET  
PEMBROKE PINES, FL 33024 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: GONZALO PAJON

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

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: PD  
Name: PAJON, GONZALO  
Address: 8200 NW 10 STREET  
City-St-Zip: PEMBROKE PINES, FL 33024

Title: VPD  
Name: MARTINEZ, ISMAR  
Address: 18412 NW 21 STREET  
City-St-Zip: PEMBROKE PINES, FL 33029

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: GONZALO PAJON

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

PD

10/03/2010

\_\_\_\_\_  
Date