

# **2010 FOR PROFIT CORPORATION REINSTATEMENT**

DOCUMENT# P09000071650

**FILED**  
**Nov 18, 2010**  
**Secretary of State**

**Entity Name:** AMIGOS LAWN CARE OF NAPLES , INC.

**Current Principal Place of Business:**

410 EISENHOWER BLVD  
LEHIGH ACRES, FL 33974 US

**New Principal Place of Business:**

**Current Mailing Address:**

410 EISENHOWER BLVD  
LEHIGH ACRES, FL 33974 US

**New Mailing Address:**

**FEI Number:** 27-0825996

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

BAUTISTA CRUZ, FELIPE  
410 EISENHOWER BLVD  
LEHIGH ACRES, FL 33974 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:** FELIPE BAUTISTA CRUZ

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

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

**Title:** P,VP  
**Name:** BAUTISTA CRUZ, FELIPE  
**Address:** 410 EISENHOWER BLVD  
**City-St-Zip:** LEHIGH ACRES, FL 33974 US

**Title:** S  
**Name:** BAUTISTA HERNANDEZ, ZENaida  
**Address:** 410 EISENHOWER BLVD  
**City-St-Zip:** LEHIGH ACRES, FL 33974

**Title:** T  
**Name:** BAUTISTA CRUZ, FELIPE  
**Address:** 410 EISENHOWER BLVD  
**City-St-Zip:** LEHIGH ACRES, FL 33974

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:** ZENaida BAUTISTA HERNANDEZ

S

11/18/2010

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

\_\_\_\_\_  
Date