2012 FOR PROFIT CORPORATION REINSTATEMENT

FILED
Feb 01, 2012
Secretary of State

DOCUMENT# P10000021367

Entity Name: EASTCOAST LAND CARE, INC.

Current Principal Place of Business:

2904 ST. JOHNS BLUFF RD., S.
JACKSONVILLE, FL 32246 US

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 19223
JACKSONVILLE, FL 32245 US

New Mailing Address:

FEI Number: 27-2091896 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

NUNES, MICHELLE L
4663 RIVER CITY DRIVE
SUITE 119
JACKSONVILLE, FL 32246 US

Name and Address of New Registered Agent:

NUNES, MICHELLE L
2904 ST JOHNS BLUFF RD S
JACKSONVILLE, FL 32246 US

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: MICHELLE L NUNES 02/01/2012
Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

Title: PD
Name: NUNES, FERNANDO
Address: P.O. BOX 19223
City-St-Zip: JACKSONVILLE, FL 32245 US

Title: VSTD
Name: NUNES, MICHELLE
Address: P.O. BOX 19223
City-St-Zip: JACKSONVILLE, FL 32245 US

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: MICHELLE L NUNES MRS 02/01/2012
Electronic Signature of Signing Officer or Director Date