

2004 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# P95000075302

FILED
Oct 22, 2004
Secretary of State

Entity Name: TREASURE COAST LAWN EQUIPMENT SALES & SERVICE, INC.

Current Principal Place of Business:

1802 BAYSHORE STREET
PT ST LUCIE, FL 34984

New Principal Place of Business:

Current Mailing Address:

1802 BAYSHORE STREET
PT ST LUCIE, FL 34984

New Mailing Address:

FEI Number: 65-0612678

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

ANGELOTTI, KEITH
6135 NW NOMA CT.
PORT SAINT LUCIE, FL 34984 US

Name and Address of New Registered Agent:

ANGELOTTI, KEITH
6110 NW NOLIA CT
PORT SAINT LUCIE, FL 34983 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: KEITH ANGELOTTI

10/22/2004

Electronic Signature of Registered Agent

Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: ANGELOTTI, MICHELE
Address: 6135 N.W. NOMA COURT
City-St-Zip: PORT SAINT LUCIE, FL 34984

Title: VP () Delete
Name: ANGELOTTI, KEITH
Address: 6135 N.W. NOMA COURT
City-St-Zip: PORT SAINT LUCIE, FL 34984

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: ANGELOTTI, MICHELE
Address: 6110 N.W. NOLIA COURT
City-St-Zip: PORT SAINT LUCIE, FL 34983

Title: VP (X) Change () Addition
Name: ANGELOTTI, KEITH
Address: 6110 N.W. NOLIA COURT
City-St-Zip: PORT SAINT LUCIE, FL 34983

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further 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 an address, with all other like empowered.

SIGNATURE: KEITH ANGELOTTI

VP

10/22/2004

Electronic Signature of Signing Officer or Director

Date