2007 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# P95000082185

Entity Name: MARRERO & SON NURSERY, INC.

FILED Oct 16, 2007 Secretary of State

Current Principal Place of Business: New Principal Place of Business:

P.O. BOX 971462 22375 SWJ 134 AVE MIAMI, FL 33157 HOMESTEAD, FL 33170

Current Mailing Address: New Mailing Address:

P.O. BOX 971462 P.O. BOX 971462 MIAMI, FL 33157 MIAMI, FL 33197

FEI Number: 65-0670177 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)

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

MARRERO, GERARDO
25104 SW 128 PL STE 310
HOMESTEAD, FL 33032
US

MARRERO, GERARDO
25104 SW 128 PL # 310
HOMESTEAD, FL 33032
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: GERARDO MARRERO 10/16/2007

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:

SD

() Delete

() Delete

() Delete

MARRERO, GERARDO

MARRERO, NORMA L

MARRERO, SANDRA

P.O. BOX 971462

MIAMI, FL 33157

PO BOX 971462

MIAMI, FL 33157

PO BOX 971462

MIAMI, FL 33157

Title:

Title:

Title:

Name:

Address:

City-St-Zip:

Name:

Address:

City-St-Zip:

Name:

Address:

City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: MARRERO, GERARDO
Address: PO BOX 971462
City-St-Zip: MIAMI, FL 33197

Title: SD (X) Change () Addition

 Name:
 MARRERO, NORMA L

 Address:
 PO BOX 971462

 City-St-Zip:
 MIAMI, FL 33197

Title: TD (X) Change () Addition

Name: MARRERO, SANDRA Address: P.O. BOX 971462 City-St-Zip: MIAMI, FL 33197

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, 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: SANDRA MARRERO TD 10/16/2007