

2006 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# P96000058714

Entity Name: LIL' REDS LANDSCAPING, INC.

FILED
Mar 28, 2006
Secretary of State

Current Principal Place of Business:

P O BOX 611443
N MIAMI, FL 332611443 US

New Principal Place of Business:

Current Mailing Address:

P O BOX 611443
N MIAMI, FL 332611443 US

New Mailing Address:

FEI Number: 65-0689469

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

BARONE, MICHAEL
5637 ATLANTA ST
HOLLYWOOD, FL 33021 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: MICHAEL BARONE

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: VP () Delete
Name: BARONE, MICHELLE D
Address: 5637 ATLANTA ST
City-St-Zip: HOLLYWOOD, FL 33021

Title: P () Delete
Name: BARONE, MICHAEL G
Address: 5637 ATLANTA ST
City-St-Zip: HOLLYWOOD, FL 33021

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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: MICHELLE BARONE

VP

03/28/2006

Electronic Signature of Signing Officer or Director

Date