

# 2005 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# P97000033548

FILED  
Apr 29, 2005  
Secretary of State

Entity Name: BIG CYPRESS NURSERY AND LANDSCAPE INC.

## Current Principal Place of Business:

4442 GROVELAND AVENUE  
SARASOTA, FL 34231

## New Principal Place of Business:

1090 SINCLAIR DR.  
SARASOTA, FL 34240

## Current Mailing Address:

4442 GROVELAND AVENUE  
SARASOTA, FL 34231

## New Mailing Address:

1090 SINCLAIR DR.  
SARASOTA, FL 34240

FEI Number: 65-0761620

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

NOBILE, RICHARD  
4442 GROVELAND AVENUE  
SARASOTA, FL 34231 US

## Name and Address of New Registered Agent:

COADY, JAMES  
1090 SINCLAIR DR.  
SARASOTA, FL 34240 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: JAMES COADY

04/29/2005

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 (X) Delete  
Name: NOBILE, RICHARD  
Address: 4442 GROVELAND AVENUE  
City-St-Zip: SARASOTA, FL 34231

Title: T (X) Delete  
Name: NOBILE, FELIPA  
Address: 4442 GROVELAND AVENUE  
City-St-Zip: SARASOTA, FL 34231

Title: DVP ( ) Delete  
Name: COADY, JAMES  
Address: 1090 SINCLAIR DR.  
City-St-Zip: SARASOTA, FL 34240

Title: S ( ) Delete  
Name: COADY, PAMELA  
Address: 1090 SINCLAIR DR.  
City-St-Zip: SARASOTA, FL 34240

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

Title: PRES (X) Change ( ) Addition  
Name: COADY, JAMES  
Address: 1090 SINCLAIR DR.  
City-St-Zip: SARASOTA, FL 34240

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 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: JAMES COADY

PRES

04/29/2005

Electronic Signature of Signing Officer or Director

Date