

# **2014 FOR PROFIT CORPORATION REINSTATEMENT**

DOCUMENT# P97000042675

**FILED**  
**Apr 03, 2014**  
**Secretary of State**

**Entity Name:** TROPICAL TOUCH LANDSCAPING, INC.

**Current Principal Place of Business:**

12050 S.W. 88TH AVENUE  
MIAMI, FL 33176

**New Principal Place of Business:**

9626 SW 98TH ST  
MIAMI, FL 33176

**Current Mailing Address:**

12050 S.W. 88TH AVENUE  
MIAMI, FL 33176

**New Mailing Address:**

9626 SW 98TH ST  
MIAMI, FL 33176

**FEI Number:** 65-0752881

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

HOFMANN, EMILY  
12050 S.W. 88TH AVENUE  
MIAMI, FL 33176 US

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

HOFMANN, EMILY  
9626 SW 98TH ST  
MIAMI, FL 33176 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: EMILY HOFFMANN

04/03/2014

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: P  
Name: HOFMANN, DAVID R  
Address: 9626 SW 98TH ST  
City-St-Zip: MIAMI, FL 33176

Title: SVP  
Name: HOFFMAN, EMILY  
Address: 9626 SW 98TH ST  
City-St-Zip: MIAMI, FL 33176

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: EMILY HOFFMANN

SVP

04/03/2014

Electronic Signature of Signing Officer or Director

Date