2008 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# P99000020854

Entity Name: MARKEN NURSERY, INC.

FILED Oct 03, 2008 Secretary of State

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

18757 SW 69TH ST. 17430 SW 61 COURT

SW RANCHES, FL 33332 SW RANCHES, FL 33331 US

Current Mailing Address: New Mailing Address:

18757 SW 69TH ST. 17430 SW 61 COURT

SW RANCHES, FL 33332 SW RANCHES, FL 33331 US

FEI Number: 65-0901893 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

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

PIEDAD URIBE, LUZ PIEDAD

18757 SW 69TH ST

17430 SW 61 COURT

SW PANCIES EL 23231 LIS

SW RANCHES, FL 33332 US SW RANCHES, FL 33331 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: /LUZ PIEDAD URIBE/ 10/03/2008

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:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D () Delete Title: D (X) Change () Addition

 Name:
 URIBE, LUZ PIEDAD
 Name:
 URIBE, LUZ PIEDAD

 Address:
 18757 SW 69TH ST
 Address:
 17430 SW 61 COURT

City-St-Zip: FORT LAUDERDALE, FL 33332 City-St-Zip: SOUTHWEST RANCHES, FL 33332

 Name:
 MARKEN, FRANS
 Name:
 MARKEN, FRANS

 Address:
 18757 SW 69TH ST
 Address:
 17430 SW 61 COURT

City-St-Zip: FORT LAUDERDALE, FL 33332 City-St-Zip: SOUTHWEST RANCHES, FL 33331

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: /LUZ PIEDAD URIBE/ D 10/03/2008

Electronic Signature of Signing Officer or Director

Date