

2008 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P99000040763

1. Entity Name
M & S IRRIGATION AND LANDSCAPING, INC.



FILED

08 JUL 16 PM 4:18

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business
7231 GREENWAY DR
JACKSONVILLE, FL 32244

Mailing Address
7231 GREENWAY DR
JACKSONVILLE, FL 32244

2. Principal Place of Business - No P.O. Box #

3. Mailing Address



07022008 REIN-P CR2E098 (1/07)

Suite, Apt. #, etc.

Suite, Apt. #, etc.

4. FEI Number

59-3573331

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

ROMANELLO, DUANE C
1919-8 BLANDING BLVD
JACKSONVILLE, FL 32210

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Gary A Smith

7-2-08

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$300.00

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

TITLE PTD ☐ Delete
NAME SMITH, GARY A
STREET ADDRESS 7231 GREENWAY DR
CITY-ST-ZIP JACKSONVILLE, FL 32244

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
NAME 100133002481
STREET ADDRESS 07/16/08--01013--005 **300.00
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME 0708
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other files empowered.

SIGNATURE:

Gary A Smith

7-2-08

SEEDLINE AND THIRD-CIR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #