

2008 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P99000040763

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



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

Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

Zip Country Zip Country

6. Name and Address of Current Registered Agent

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

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

7-2-08

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

Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Delete

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 like empowered.

SIGNATURE: *Gary A Smith*

REINSTATEMENT

Gary A Smith

7-2-08

SECONDARY AND THIRD OR PREVIOUS NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #