

# 2007 FOR PROFIT CORPORATION REINSTATEMENT

FILED

07 MAR 12 PM 1:00

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



REINSTATEMENT *06-07*

<b>DOCUMENT # P05000076010</b> 1. Entity Name C.A.A.O. LANDSCAPING, COMPANY			
Principal Place of Business 300-A PINELAND COURT BLDG 7 ST. CLOUD, FL 34769 US		Mailing Address POB 451284 KISSIMMEE, FL 34745 US	
2. Principal Place of Business - No P.O. Box # <b>266 SCOTT BLVD</b> Suite, Apt. #, etc.		3. Mailing Address  Suite, Apt. #, etc.	
City & State <b>KISSIMMEE FL</b>		City & State  	
Zip <b>34746</b>		Country <b>US</b>	
4. FEI Number <b>20-2900775</b>		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75</b> Additional Fee Required	
6. Name and Address of Current Registered Agent  RODRIGUEZ, ADAN 300-A PINELAND COURT BLDG 7 KISSIMMEE, FL 34769		7. Name and Address of New Registered Agent Name <b>RODRIGUEZ, ADAN</b> Street Address (P.O. Box Number is Not Acceptable) <b>266 SCOTT BLVD</b> City <b>KISSIMMEE</b> <b>FL</b> Zip Code <b>34746</b>	
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 <i>Adan Rodriguez</i> <small>Signature, typed or printed (name of registered agent and title if applicable) (NOTE: Registered Agent signature required when reinstating) DATE</small>			
		In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P RODRIGUEZ, ADAN 300-A PINELAND COURT, BLDG 3 ST CLOUD, FL 34769	TITLE NAME STREET ADDRESS CITY-ST-ZIP	P RODRIGUEZ, ADAN 266 SCOTT BLVD KISSIMMEE FL 34746
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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: <i>Adan Rodriguez</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		Date <b>K. Eckel MAR 15 2007</b>	
Daytime Phone #		Date	