


2008 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P07000079936 1. Entity Name PABLO'S LANDSCAPING, INC.	
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2008 DEC 18 AM 9:41

Principal Place of Business 605 EAST 3RD STREET LEHIGH ACRES, FL 33936 US	Mailing Address 605 EAST 3RD STREET LEHIGH ACRES, FL 33936 US
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12-19



2. Principal Place of Business - No P.O. Box # 139 Coolidge Suite, Apt. #, etc.	3. Mailing Address 139 Coolidge Suite, Apt. #, etc.
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REINSTATEMENT 08

City & State Lehigh Acres FL	City & State Lehigh Acres FL	4. FEI Number X 26-0532774	Applied For Not Applicable
Zip 33936	Country USA	Zip 33936	Country USA

6. Name and Address of Current Registered Agent COLON, PABLO N 605 EAST 3RD STREET LEHIGH ACRES, FL 33936	7. Name and Address of New Registered Agent Name Colon, Pablo N Street Address (P.O. Box Number is Not Acceptable) 605 East 3rd Street City Lehigh Acres FL Zip Code 33936
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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: X Pablo N. Colon (NOTE: Registered Agent signature required when reinstating) DATE: _____

FILE NOW!!! FEE IS \$150.00 After January 1, 2009, Fee will be \$300.00	In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P COLON, PABLO N 605 EAST 3RD STREET LEHIGH ACRES, FL 33936	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 000138688230 12/08/08--01046--004 **\$150.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Mr. Colon, Pablo N 605 939 Coolidge Lehigh Acres FL 33936	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition Mr. Colon, Pablo N 139 Coolidge Lehigh Acres FL 33936
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
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
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
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 title empowered.

SIGNATURE: X Pablo Colon 12-12-2008 Tel 239-745-7445
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #