

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
 Secretary of State
 DIVISION OF CORPORATIONS

FILED
 SECRETARY OF STATE
 DIVISION OF CORPORATIONS

97 OCT 30 PM 2: 34

mtm
 10/30

DOCUMENT # **M65753**

1. Corporation Name
FLORIDA LAWN CARE, INC.

Principal Place of Business
 P O BOX 1752
 APOPKA FL 32704-8752

Mailing Address
 P O BOX 1752
 APOPKA FL 32704-8752



REINSTATEMENT 99

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable		3. New Mailing Office Address, If Applicable		4. Date Incorporated or Qualified To Do Business in Florida 01/25/1988	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. FEI Number 59-2874376	
City & State		City & State		Applied For Not Applicable	
Zip	Country	Zip	Country	6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$8.75 Additional Fee required for a Certificate of Status	

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
D	PASCARELLA, MICHAEL A.	5222 DAYMAR DRIVE	ORLANDO FL
VP	HEARD, ROBERT J	1232 BOXWOOD DRIVE	APOPKA FL
S	HEARD, KIMBERLY K	4232 BOXWOOD DRIVE	APOPKA FL
<i>P/VP</i> <i>S/T</i>	<i>PASCARELLA, Michael A.</i>	<i>2138 Palm Vista Da.</i>	<i>APOPKA, FL.</i>
			600002337046-7
			-11/03/97--01161--019
			***750.00 ***750.00

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

PASCARELLA, MICHAEL A 2138 PALM VISTA DR SUITE 110 APOPKA FL 32712	Name	
	Street Address (P.O. Box Number is Not Acceptable)	
	Suite, Apt. #, Etc.	
	City	State FL

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.

Signature of Registered Agent: *[Signature]* Date: _____
 REGISTERED AGENT MUST SIGN

11. This corporation owes or has paid the current year Intangible Personal Property tax due June 30. Yes No *HAS NONE* (Other side for information on intangible tax.)

12. I certify that I am an officer or director or the receiver or trustee empowered to execute this application as provided for in chapter 607 or 617, F.S. I further certify that when filing this reinstatement application, the reason for dissolution has been eliminated, the corporate name satisfies the requirements of section 607.0401 or 617.0401, F.S., that all fees owed by the corporation have been paid and the names of individuals listed on this form do not qualify for an exemption under section 119.07(3)(i), F.S. The information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.

SIGNATURE: *[Signature]* **Michael A. Pascarella** *10/27/97* *407 8845423*
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E040 (8/97)