


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

06 OCT 31 AM 9:49

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P00000023060

1. Corporation Name
Better Lawns & Gardens Inc.

REINSTATEMENT 04-06

01/03/05 01020 001 \$750.00

CR2E081 (12/05)

2. Principal Office Address 2114 RADNOR Ct. Suite, Apt. #, etc.		3. Mailing Office Address P.O. Box 33147 Suite, Apt. #, etc.	
City & State Juno Isles, FL		City & State Palm Beach Gardens, FL	
Zip 33408	Country	Zip 33420	Country

4. Date Incorporated or Qualified To Do Business in Florida	01/27/1989
5. FEI Number	52-1635551
6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$8.75 Additional Fee required for a Certificate of Status	

7. Name and Address of Current Registered Agent


Name: **Scott M. Behr** ID: **500081454065**

Street Address (P.O. Box Number is Not Acceptable): **2114 RADNOR Ct.** Tax: **11702/06--01006--003 **300.00**

Suite, Apt. #, Etc.

City: **Juno Isles** State: **FL** Zip Code: **33408**

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.

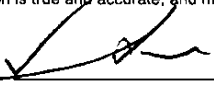
Signature of Registered Agent:  Date: **10/27/06**

REGISTERED AGENT MUST SIGN

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

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
P, D	Scott M. Behr	2114 RADNOR Ct.	Juno Isles, FL 33408
VP	Matthew I. Lacy	125 Shore Ct. # 204A	North Palm Beach, FL 33408

10. 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 contained in Chapter 119, 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:  Date: **10/27/06** Daytime Phone #: **561 630 0098**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR