

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

09 MAY 12 AM 9:49

DOCUMENT # P01000000647

1. Corporation Name

LAWN ART, INC.

2. Principal Office Address - No P.O. Box #

831 Searcy AVE.

Suite, Apt. #, etc.

3. Mailing Office Address

831 Searcy AVE.

Suite, Apt. #, etc.

City & State

Sarasota, FL

Zip Country

34237 USA

City & State

Sarasota, FL

Zip Country

34237 USA

7. Name and Address of Current Registered Agent

Name
Rose Hashem

Street Address (P.O. Box Number is Not Acceptable)
831 Searcy AVE.

Suite, Apt. #, Etc.

City
Sarasota

State Zip Code
FL 34237

4. Date Incorporated or Qualified
To Do Business in Florida

12/26/2000

5. FEI Number

651067192

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED

\$8.75 Additional Fee required for a Certificate of Status

The reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the reinstatement fee be waived.

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

Rose Hashem

REGISTERED AGENT MUST SIGN

Date 5/8/09

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 |
|--------|-----------------------------------|--|--------------------|
| D | Rose Hashem | 831 Searcy AVE. | Sarasota, FL 34237 |
| | | | |
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REINSTATEMENT

07-09
B 5/14/09

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:

Rose Hashem
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5/8/09
Date

(941) 487-8033
Daytime Phone #