

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

page 1 of 2

APPLICATION FOR



FLORIDA DEPARTMENT OF STATE
Jim Smith
 Secretary of State
 DIVISION OF CORPORATIONS

FILED

03 FEB 19 PM 4:35

SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

DOCUMENT # **P01000088482**

1. Corporation Name

LAWN AID OF TAMPA, INC.

Principal Place of Business

3837 NORTHDAL E BOULEVARD
 SUITE 336
 TAMPA FL 33624

Mailing Address

3837 NORTHDAL E BOULEVARD
 SUITE 336
 TAMPA FL 33624



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

09/10/2001

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

80-0077317

Applied For

Not Applicable

City & State

City & State

Zip

Country

Zip

Country

6. CERTIFICATE OF STATUS DESIRED

\$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	4 City / State / Zip
PSTD	TURKE, STEVEN M	3837 NORTHDAL E BOULEVARD SUITE 3	TAMPA FL 33624

300012712683
 02/19/03--01012--011 **300.00

02-03 UBR 78

8. Name and Address of Current Registered Agent

SPIEGEL & UTRERA, P.A.
 1840 SW 22ND ST.
 4TH FLOOR
 MIAMI FL 33145

9. Name and Address of New Registered Agent

Name

STEVEN M TURKE

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

3837 NORTHDAL E BLVD

Suite, Apt. #, Etc.

#336

City

TAMPA

State

FL

Zip Code

33624

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. or 617.0505, F.S.

Signature of Registered Agent

Signature SIGNATURE REQUIRED

REGISTERED AGENT MUST SIGN

Date 2-14-03

11. 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 SIGNATURE REQUIRED
 STEVEN M TURKE

Date 2-14-03

813 610 9330

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E040 (8/02)

page 2 of 2

LAWN AID OF TAMPA, INC.
3837 Northdale Boulevard
Suite 336
Tampa, FL 33624

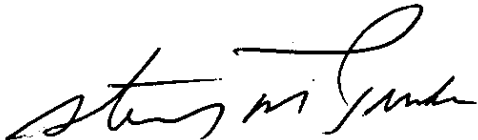
February 7, 2003

Florida Department of State
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

To Whom It May Concern:

Enclosed is the application for reinstatement for Lawn Aid of Tampa, Inc. We did not receive any notices for the year 2002. We are asking for the late fees to be waived. A check for \$300.00 is enclosed for payment for 2002 and 2003.

Sincerely,



Steven M. Turke