2005 FOR PROFIT CORPORATION REINSTATEMENT

REINSTATEMENTA.										
DOCUMENT # P03000135113										
1. Entity Name							FIL	ED		
KARL LOOS LAWN SERVICE INC				(6)		05 nc; -	<i>-U</i>			
							20 061 20	PM 3:00		
Principal Place		•	Mailing Address				O5 OCT 20 PM 3: 08 SECINAL ANASSEE, FLORIDA			
2807 WOOD STREET SARASOTA, FL 34237			2807 WOOD STREET SARASOTA, FL 34237				ALLAHASSEF	FIME		
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Principal Place of Business 3. Mailing A			Address							
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Suite, Apt. #, etc.		Suite, Ap	Suite, Apt. #, etc.			1010200	5 REIN-P	CR2E098	(6/04)	
City & State		City & Sta	City & State			4. FEI Nu 20-0	mber 398984			lied For Applicable
Zip Country		Zip	Zip		try	5. Certific	ate of Status Desired		75 Addit	ional
	6. Name and Address of Curren	it Registered Ag	jent			7. Name	and Address of New P	tegistered Ager	it	
LOOS, KARL					Name	·		<u> </u>		
2807 WOOD STREET SARASOTA, FL 34237				Street Address (P.O. Box Number is Not Acceptable)						
SAKASUT	A, PL 34231									
					City			FL	Zip Code	
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 ac									nd accept	
the obligations of registered agent.										
SIGNATURE Signature, typod or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE									 .	
FILE NOW!!! FEE IS \$150.00 After January 1, 2006, Fee will be \$300.00							In accordance of corporation did	with s. 607,193	3(2)(b), F	.S., the
¥							·			
10.	OFFICERS AN	D DIRECTORS	☐ Delete	11: Titu	· T	ADDITIO	NS/CHANGES TO OFF	 	RECTORS Change	Addition
NAME	LOOS, KARL		C Délore	NAM	1	1	noneoe		•	
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STREET ADDRESS CITY-ST-ZIP					-ST-ZIP	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,				<u> </u>
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STREET ADDRESS CITY-ST-ZIP				•	EE1 ADDRESS '-ST-ZIP					
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NAME STREET ADDRESS	han white			NAN	l l					
CITY-ST-ZIP	= •	*			eet address (-St-ZIP					•
										

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 like empowered.

SIGNATURE:

IGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10/17/05 Date

941-232 -5799 Dayume Phone #