

2012 FOR PROFIT CORPORATION REINSTATEMENT



FILED

AM 10:35

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILED
12 MAY 24 AM 10:36
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P05000029100

1. Entity Name
ACTION ENTERPRISE PROFESSIONAL LAWN CARE, INC

Principal Place of Business
703 WILSON STREET
WILDWOOD, FL 34785

Mailing Address
703 WILSON STREET
WILDWOOD, FL 34785



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt #, etc.

Suite, Apt. #, etc.

05242012 REIN-P CR2E098 (12/11)

City & State

City & State

4. FEI Number
20-2510905

Applied For
Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

MCINTYRE, ROBERT III
703 WILSON STREET
WILDWOOD, FL 34785

Name

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

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 accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$900.00

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE P Delete
NAME MCINTYRE, ROBERT III
STREET ADDRESS 703 WILSON STREET
CITY - ST - ZIP WILDWOOD, FL 34785

TITLE VICE PRESIDENT Change Addition
NAME Triffany L McIntyre
STREET ADDRESS 703 Wilson St
CITY - ST - ZIP Wildwood, FL 34785

TITLE Delete
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE Change Addition
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE Delete
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE Change Addition
NAME 000235511120
STREET ADDRESS 05/24/12--01018--002 **500.00
CITY - ST - ZIP

TITLE Delete
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE Change Addition
NAME 000235511120
STREET ADDRESS 05/24/12--01018--003 **408.75
CITY - ST - ZIP

TITLE Delete
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE Change Addition
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE Delete
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE Change Addition
NAME
STREET ADDRESS
CITY - ST - ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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:

Robert L McIntyre

5/24/12

ac.plc.inc@yahoo.com

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE

E-MAIL ADDRESS