

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

06 JUN 23 PM 4:02

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P98000103310

1. Corporation Name

Totally Diversified Lawncare, INC.

2. Principal Office Address

1283 SW 2nd Avenue

Suite, Apt. #, etc.

3. Mailing Office Address

1283 SW 2nd Avenue

Suite, Apt. #, etc.

City & State

Pompano Beach, Fla.

City & State

Pompano Beach, Fla.

Zip

33060

Country

USA

Zip

33060

Country

USA

08-11-00 90072 044 \$550.00
REINSTATEMENT 100-06

4. Date Incorporated or Qualified To Do Business in Florida 12/11/1998

5. FEI Number

65-0829971

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED

\$8.75 Additional Fee required for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

Lisa Acevedo

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

1283 SW 2nd Avenue

Suite, Apt. #, Etc.

000076633540

06/27/06--01022--011 **1104.75

City

Pompano Beach

State

FL

Zip Code

33060

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

Lisa Acevedo

Date

6/22/06

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
PD	Julio Acevedo	1283 SW 2nd Avenue	Pomp. Bch, FL. 33060
VST	Lisa Acevedo	1283 SW 2nd Avenue	Pomp. Bch, FL. 33060

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:

Lisa Acevedo

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

6/22/06

Date

954-881-0244

Daytime Phone #