

2009 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# V29043

FILED
Sep 28, 2009
Secretary of State

Entity Name: A PERSONAL TOUCH LAWN SERVICE, INC.

Current Principal Place of Business:

11621 COUNTRY RUN RD
TAMPA, FL 33624 US

New Principal Place of Business:

615 NURSERY LANE
NAPLES, FL 34110 US

Current Mailing Address:

PO BOX 341917
TAMPA, FL 336941917 US

New Mailing Address:

210 31ST STREET SW
NAPLES, FL 34117 US

FEI Number: 65-0316168

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

PEZAN, NICK
11621 COUNTRY RUN RD
TAMPA, FL 33624 US

Name and Address of New Registered Agent:

VEDI OSORIO
210 31ST STREET SW
NAPLES, FL 34117 US

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.

SIGNATURE: VEDI OSORIO

09/28/2009

Electronic Signature of Registered Agent

Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: PEZAN, NICK
Address: 11621 COUNTRY RUN RD
City-St-Zip: TAMPA, FL 33624

Title: () Delete
Name:
Address:
City-St-Zip:

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change () Addition
Name: PEZAN, NICK
Address: 25 SOPHIE AVE
City-St-Zip: DUNEDIN, FL 34698

Title: P () Change (X) Addition
Name: OSORIO, VEDI
Address: 210 31ST STREET SW
City-St-Zip: NAPLES, FL 34117

Title: VP () Change (X) Addition
Name: MENDOZA, MANUEL
Address: 210 31ST STREET SW
City-St-Zip: NAPLES, FL 34117

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: VEDI OSORIO

P

09/28/2009

Electronic Signature of Signing Officer or Director

Date