

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**1000 UBR**

**CORPORATION REINSTATEMENT**

FLORIDA DEPARTMENT OF STATE  
Katharine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

**FILED**

00 NOV 29 AM 10:45

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # **H12631**

1. Corporation Name

**LAWN CARE UNLIMITED INC.**

2. Principal Office Address

**875 NW 13TH ST.**

Suite, Apt. #, etc.

**318**

City & State

**BOCA RATON FL**

Zip

**33486**

Country

**USA**

3. Mailing Office Address

**P.O. Box 272848**

Suite, Apt. #, etc.

City & State

**BOCA RATON FL**

Zip

**33427**

Country

**USA**

4. Date Incorporated or Qualified  
To Do Business in Florida

**7/17/84**

5. FEI Number

**59-2443717**

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

**LOUISE M. AMANN**

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

**461 NE 42ND ST.**

Suite, Apt. #, Etc.

City

**BOCA RATON FL**

State

**FL**

Zip Code

**33431**

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

**Louise M. Amann**  
REGISTERED AGENT MUST SIGN

Date

**11/20/00**

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
<b>PTD</b>	<b>WILLIAM KNIGHT</b>	<b>875 NW 13TH ST. #318</b>	<b>BOCA RATON FL 33486</b>

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 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:

**William Knight**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

**11/20/00**

Daytime Phone #

**561/392-0431**

CR2E081 (9/99)