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PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT		FLORIDA DEPARTMENT OF STATE Glenda E. Hood Secretary of State DIVISION OF CORPORATIONS
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FILED

04 MAR -3 AM 9:42

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

1. DOCUMENT # L00000010791
Name and Mailing Address

0001782 01 AT 0.292 **AUTO T8 0 0615 32233-660453

CLASSIC CARE PROFESSIONAL LAWN SERVICE L.L.C.
2353 BAREFOOT TRACE
ATLANTIC BEACH FL 32233-6604



2. New Mailing Address		4. State/Country of Formation FL	
City, State, Zip		5. Date Organized or Qualified To Do Business in Florida 09/06/2000	
Principal Place of Business 2353 BAREFOOT TRACE ATLANTIC BEACH FL 32233	3. New Principal Place of Business Address		6. FEI Number 59-3285936
	City, State, Zip		Applied For Not Applicable
		7. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$5.00 Additional Fee required for a Certificate of Status	

CR2E084 (7/03)

8. Name and Address of Current Registered Agent		9. Name and Address of New Registered Agent	
SMITH, RICHARD W JR 2353 BAREFOOT TRACE ATLANTIC BEACH FL 32233		Name	
		Street Address (P.O. Box Number is Not Acceptable)	
		City	
		FL	Zip Code

10. I, being appointed the registered agent of the above named limited liability company, am familiar with and accept the obligations of Chapter 608, F.S.
Signature of Registered Agent [Signature] **SIGNATURE REQUIRED** Date 2.12.5.104
REGISTERED AGENT MUST SIGN

11. Names and Street Addresses of Each Managing Member/Manager			
Title(s)	Name of Managing Members/Managers	Street Address of Each Managing Member/Manager	City / State / Zip
P	SMITH, RICHARD W JR	2353 BAREFOOT TRACE	ATLANTIC BEACH FL 32233
VP	SMITH, RICHARD W III	2017 INDIAN SPRINGS DR.	JACKSONVILLE FL 32248
ST	SMITH, LINDA L	2353 BAREFOOT TRACE	ATLANTIC BEACH FL 32233
REINSTATEMENT 03-04 000029809280 03/03/04--01042--005 **200.00			

12. I certify that I am managing member/manager or the receiver or trustee empowered to execute this application as provided for in chapter 608, F.S. I further certify that when filing this reinstatement application the reason for dissolution has been eliminated, the limited liability company name satisfies the requirements of section 608.406, F.S., and that all fees owed by the limited liability company have been paid. 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 of Managing Member/Manager [Signature] **SIGNATURE REQUIRED** Date _____ Daytime Phone # 2125104
Typed or printed name of signing Managing Member/Manager _____