

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

CORPORATION REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

Katherine Harris Secretary of State

DIVISION OF CORPORATIONS

00 MAR 28 AM 11:53

SECRETARY OF STATE TALLAHASSEE, FLORIDA

DOCUMENT #

L07886

1. Corporation Name

SCOTT'S LAWN CARE INC.

2. Principal Office Address

22061 West Tree Dr

Suite, Apt. #, etc.

City & State

ESTERO FL

Zip

33928

Country

LEE

3. Mailing Office Address

SAME

Suite, Apt. #, etc.

City & State

Zip

Country

REINSTATEMENT 92.00

4. Date Incorporated or Qualified To Do Business in Florida

6/5/95

5. FEI Number

65-0605503

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED

\$6.75 Additional Fee required for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

SCOTT E. LEIB

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

22061 West Tree Drive

Suite, Apt. #, Etc.

000003207850-3

-04/13/00-01035-20

\*\*\*1950.00 \*\*\*1950.00

City

ESTERO

State

FL

Zip Code

33928

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

Scott Leib

Date 3/10/00

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
CHAIRMAN	SCOTT LEIB	22061 West Tree Dr	ESTERO FL 33928
Pres	SCOTT LEIB	"	"
VP	SCOTT LEIB	"	"

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:

Scott Leib

SCOTT LEIB

3/10/00

Date

Daytime Phone #

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

941-250-9059

CR2E081 (9/99)