

APPLICATION FOR <del>REINSTATEMENT</del> FOR REINSTATEMENT		FLORIDA DEPARTMENT OF STATE Office of the Secretary of State DIVISION OF CORPORATIONS		DO NOT WRITE IN THIS SPACE.	
<div style="font-size: 2em; font-weight: bold; opacity: 0.5; position: absolute; top: -50px; left: 50%; transform: translate(-50%, -50%);">L25158</div>				97 FEB -5 AM 9:21	
Read Instructions on Other Side Before Making Entries <b>Make Check Payable To: Department of State</b>					
1. Name and Mailing Address of Corporation: <b>DOCUMENT # L25158</b>				2. If Address in Block 1 is incorrect in any way, enter the correct address below. The NAME of the corporation can be changed only by filing an amendment.	
<b>LAWN CARE INDUSTRIES, INC.</b> 1728 Bayonne Street Sarasota, Florida 34231				Address	
				Address	
				City and State	
				Zip Code	
3. Date Incorporated or Qualified To Do Business in Florida: <b>October 24, 1989</b>		4. FEI Number: <b>65-0150098</b>		<input type="checkbox"/> FEI Number Applied For <input checked="" type="checkbox"/> FEI Number Not Applicable	
5. Names and Street Addresses of Each Officer and/or Director					
Title	Names of Officers and/or Directors	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	City and State		
Pres.	Donald H. Davoli	1728 Bayonne Street	Sarasota, Florida		
Sec. Trea.	Mary Ann Davoli	1728 Bayonne Street	Sarasota, Florida		
			100002089951--3 90302/17/97--0143--0176 82*1010.00 ***1010.00 *****1010.00		
REINSTATEMENT <u>93-97</u>					
This corporation has liability for intangible tax under section 199.032, Florida Statutes. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No For intangible tax information call Department of Revenue 904-488-6800.					
REGISTERED AGENT INFORMATION				7. Name and Address of New Registered Agent	
6. Name and Address of Current Registered Agent				Name	
<b>Donald H. Davoli</b> 1728 Bayonne Street Sarasota, Florida 34231				100002089951--3	
				-02/17/97--01143--016	
				Street Address (Do NOT Use P.O. Box Number)	
				Street Address (Do NOT Use P.O. Box Number)	
				City and State	
				Zip Code	
FL.					
8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505, F.S.					
Signature of Registered Agent: <i>Donald H. Davoli</i>				Date: <u>1/27/97</u>	
REGISTERED AGENT MUST SIGN					
9. 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., and that all fees owed by the corporation 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 Officer or Director: <i>Donald H. Davoli</i>				Date: <u>12/6/96</u>	
				Phone #: <u>(941) 924-7744 (office)</u> <u>(941) 924-0170 (fax)</u>	
Typed or printed name of signing officer or director: <b>Donald H. Davoli</b>					