PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

~~APPLICATION~~ FOR REINSTATEMENT

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

FILED
02 FEB 13 PM 3:11

07-02
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DOCUMENT # **P00000093289**

1. Corporation Name

TODD'S LAWN SERVICE, INC.

Principal Place of Business	Mailing Address
859 IVY DRIVE WELLINGTON FL 33414	859 IVY DRIVE WELLINGTON FL 33414

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable	3. New Mailing Office Address, If Applicable
13785 62nd Ct N	13785 62nd CTN
Suite, Apt. #, etc.	Suite, Apt. #, etc.
Royal Palm Beach, Fl	Royal Palm Beach, Fl
City & State	City & State
Zip 33412 Country US	Zip 33412 Country US

4. Date Incorporated or Qualified To Do Business in Florida: 10/03/2000

5. FEI Number: 65-1062220 ☐ Applied For ☐ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐ — $8.75 Additional Fee required for a Certificate of Status

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
~~D~~/P	GALT, TODD S	~~859 IVY DRIVE~~ 13785 62nd Ct N. Royal Palm Bch, Fl. 33412	~~WELLINGTON FL 33414~~
S/T	Galt, Dana C	13785 62nd Ct N	Royal Palm Beach, Fl 33412
			500004960845--3 -02/20/02--01050--014 ****308.75 ****308.75

8. Name and Address of Current Registered Agent

~~GALT, TODD S~~
~~859 IVY DRIVE~~ 13785 62nd CTN.
~~WELLINGTON FL 33414~~ Royal Palm Bch, Fl 33412

9. Name and Address of New Registered Agent

Name: Todd Galt
Street Address (P.O. Box Number is Not Acceptable): 13785 62nd Ct N
Suite, Apt. #, Etc.: Royal Palm Bch — Same
City: State: FL Zip Code: 33412

CR2E040 (8/01)

10. 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 X Dana C Galt Date 1-23-02
REGISTERED AGENT MUST SIGN

11. 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: X Todd Galt 1-21-02 (561)308-8082
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

B