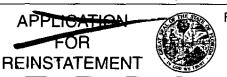
PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State

DIVISION OF CORPORATIONS

FILED 02 FEB 13 PM 3: 11

P00000093289 DOCUMENT #

1. Corporation Name

TODD'S LAWN SERVICE, INC.

	•	W.				
rincipal Place of Business	Mailing Address					
69 IVY DRIVE ELLINGTON FL 33414	859 IVY DRIVE WELLINGTON FL 33414					
If above addresses are incorrect in any way, line thro	ough incorrect information and enter correction below.					
New Principal Office Address, If Applicable 3785 (62nd C+ N ulte, Apt. #, etc.	3. New Mailing Office Address, If Applicable 13785 (pand CTN	Date Incorporated or Qualified To Do Business in Florida 10/03/2000				
uite, Apt. #, etcoval Palm Beach Fl	Suite, Apt. #, etc. Royal Palm Beach, Fl	5. FEI Number	Applied For			
ity & State	City & State	65-1062220	Not Applicabl			
33412 Country	33412 Country		Additional Fee require Certificate of Status			
Names and Street Addresses of Each Officer and/	or Director (Florida nonprofit corporations must list at lea	ast 3 directors)				
· · · · · · · · · · · · · · · · · · ·	· · · · · · · · ·					

33	412	US	3341	۲	ÚS		CERTIFICATE	OF STATUS D	ESIRED-	for a Certif	icate of Status
7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)											
Title(s)	2	Name of Officers and/or Directors		3	Street Addres	r Director		4	•	/ State / Zip	
B /P	GALT, TODD S	S	•	850 IVY DRI	ver oand Ct	Roy	ai falmskn, F1.33412	WELLINGTO	9N PL 334	14	
SIT	Galt,	Dana C		13785	62nd	un		Royal	Palm	Beach	F133412
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							50	10 0 0 -02/	4:961 20/02-	01845 -01050-	53 -014
								米米米	*308.79		308.75

8. Name and Address of Current Registered Agent	Name and Address of New Registered Agent
GALT, TODDS 059 NY DRIVE 13785 62nd CFV. WELLINGTON FL 33414 Royal Palm Bch Fl 33412	Name Tock Count Street Address (P.O. Box Number is Not Acceptable) Suite, Apr. #, Etc. City State State State State R3412
I being consisted the expire and expert of the observe commed commention and familiar will	th and accept the obligations of Continu COT DECK. E.C.

Signature of . Redistered Agent

REGISTERED AGENT MUST SIGN

11. Learlify that Lam an officer or director or the receiver or trustee empowered to execute this application as provided for in chapter 607 or 617, F.S. Lurther 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

