PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR



FLORIDA DEPARTMENT OF STATE Glenda E. Hood

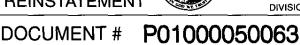
Secretary of State

DIVISION OF CORPORATIONS

03 OCT 24 PM 6: 39

SECRETARY OF STATE FALLAHASSEE, FLORIDA

REINSTATEMENT



- 1111 O 1 1 LEO, 1110:	LAWN	STYLES,	INC.
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Principal	Place	of Busin	ness

Mailing Address

450 LAKE AVE N APOPKA FL 32712

1. Corporation Name

450 LAKE AVE N APOPKA FL 32712

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If above addresses are incorrect in any way, line through incorrect information and enter correction below.			900024091509 10/24/0301060009 **150.00				
2. New Princi	pal Office Address, If Applicable	3. New Maili 32 8	ng Office Address, If	Applicade? I Circle	4. Date Incorp	orated or Qualified ness in Florida	05/14/2001
Suite, Apt. #,	etc.	Suite, Apt. #,	etc.		5. FEI Number		
City & State		City & State			J. TET NOTIFIE	59-3719996	Applied For
		Orla	ndo Fl	·	6.	00 01 10000	Not Applicable
Zip	Country	Zip 36	28/7 Country	/		OF STATUS DESIRED	S8.75 Additional Fee required for a Certificate of Status
7. Names and	d Street Addresses of Each Officer and/	or Director (Flo	rida nonprofit corpora	tions must list at lea	st 3 directors)		
Title(s)			eet Address of Each icer and/or Director		City / State / Zip		
РВ	AND, BRENT Dand, Bren	t-	450 LAKE AVE N			APOPKA FL 32712	
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8. Name and Address of Current Registered Agent		Name and Address of New Registered Agent					
DAND, BRENT		- Sha	Sharon Diaz				
450 LAKE AVE N		Street Address (P.O. Box Number is Not Acceptable)					
APOPKA FL 32712			Suite, Apt. #, Etc.		IIMONY C	1111-0	
	·			City	ando		State Zip Code 37817

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. or 617.0505, F.S.

Signature of



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.

FE. LAWN STYLES INC. P.O. 1000050063

I HAVE RECEIVED this notice of Dissolution

For my company, This is the first notice That

I have gotten. If I would have Received Any Potice.

EARLICE, I would have Taken it to my Accountant.

I just Received this notice, And Took it to my Accountant.

Accountant. Then she explained to me how This works.

Could you please Accept my Check of 150.00, and

please waive The penalty.

YOUR CONSIDERATION would be greatly Approciated.

Brest m. Dal