


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

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CORPORATION REINSTATEMENT		 FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS		FILED 06 FEB 21 PM 12:26 SECRETARY OF STATE TALLAHASSEE, FLORIDA 200067461252 03/09/06--01022--022 **758.50 CR2E081 (12/05)	
DOCUMENT # PO1000118549					
1. Corporation Name ALL SEASONS LAWN + GARDEN CARE, INC.					
2. Principal Office Address 3680 18th AVE NE Suite, Apt. #, etc.		3. Mailing Office Address 3680 18th AVE NE Suite, Apt. #, etc.			
City & State NAPLES, FL		City & State NAPLES, FL		4. Date Incorporated or Qualified To Do Business in Florida 12/14/01	
Zip 34120	Country U.S.A.	Zip 34120	Country U.S.A.	5. FEI Number 43-1971524	Applied For <input type="checkbox"/> Not Applicable
6. CERTIFICATE OF STATUS DESIRED <input checked="" type="checkbox"/> \$8.75 Additional Fee required for a Certificate of Status					
7. Name and Address of Current Registered Agent					
Name Domenico A. Lucarelli, P.A.					
Street Address (P.O. Box Number is Not Acceptable) 351 Airport Rd. N.					
Suite, Apt. #, Etc.					
City Naples				State FL	Zip Code 34104
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 <u>Domenico Lucarelli</u> Date 2/10/06 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	
P	ANTONIO GARCIA	3680 18th AVE NE		NAPLES, FL 34120	
				132/21/06	
				DEINSTATEMENT 02-06	
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 contained in Chapter 119, 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: <u>Antonio Garcia</u>		2-08-06		239-825-5347	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date		Daytime Phone #	

PSGarcia

February 8, 2006

Department of State
Division of Corporations
P.O. Box 6327
Tallahassee, Florida 32314

To whom it may concern:

I, Antonio Garcia, never received the 2002 annual report notice(s) for my corporation All Seasons Lawn & Garden Care, Inc. My address had changed to 3680 18th Ave. NE, Naples, Florida 34120 before these notices were sent out. This letter is to request that the reinstatement fee be waived due to the fact that I did not receive this annual report(s).

Sincerely,

Antonio Garcia
ANTONIO GARCIA