PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
04 JAN -7 PM 8:58
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

500023197755
01/08/04--01007--024 **150.00

9-19-03 01037 009 $150.00

DOCUMENT # P02000084318

1. Corporation Name
Edmond's Lawn Care Service, Inc.

2. Principal Office Address	3. Mailing Office Address
5840 NW 16th Place	P.O. Box 121345
Suite, Apt. #, etc. #2	Suite, Apt. #, etc.
City & State Ft Laud, Fla	City & State Ft Laud, Fla
Zip 33313 Country Broward	Zip 33312 Country Broward

4. Date Incorporated or Qualified To Do Business in Florida 8-2-2003

5. FEI Number 52-2370515 ☐ Applied For ☐ Not Applicable

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

7. Name and Address of Current Registered Agent

Name: Tangela L. Edmond

Street Address (P.O. Box Number is Not Acceptable): 5840 NW 16th Place #2

Suite, Apt. #, Etc.: #2

City: Ft Lauderdale | State: FL | Zip Code: 33313

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: Tangela L. Edmond — Date: 12-31-03
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
D	Tchaly Edmond	5840 NW 16th Pl #2	Ft Laud, Fl 33313
B	Tangela Edmond	5840 NW 16th Pl #2	Ft Laud, Fl 33313
			500023197755

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 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: Tchaly Edmond 12-31-03 954-484-1135
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

12-31-03.

To Whom It May Corcern:

For The last Few Months I have Been Sending You office Several Letters Regarding The ReInstatement of Our Corporation. I had also Spoke With Several People In your Office. They all Instructed me To do The Same Thing download and ReInstatment form Attach. a Letter. I did That on The first Occassion. I had Attach a Check For $150.00 Which. Your Office Cash and Applied It To Our account. But you all never Received The Letter and Application. The Letter Stated That We Change Bookkeepers All our Business mail where going To The Bookkeepers Office. Once Canceling There Services We had Our mail Beening Tranfered To a P.O. Box IF Took The Post Office 3months To Tranfer Our mail So We got Behind On ellery Thing. and This is our first Business and.

Was not aware That we had To Renew Every Year. I know This Is Our Mistake. By Trusting Some One With all Your Business Information. Please ReInstate Our Corporation.

Thank You. We never recieved the form from your office

P.S. Attach you will found a check for $150.00 for Our Renewal. for 2004.