2004 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# P03000025759

Entity Name: ALL AMERICAN BEST LAWN CARE, INC.

FILED Nov 23, 2004 Secretary of State

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Current Principal Place of Business: New Principal Place of Business:

13069 CHEWNINGVILLE LANE 4550 EWELL ROAD

BOWLING GREEN, FL 33834 LAKELAND, FL 33813 US US

Current Mailing Address: New Mailing Address:

13069 CHEWNINGVILLE LANE 929 HAMILTON PLACE DRIVE BOWLING GREEN, FL 33834 US LAKELAND, FL 33813 US

FEI Number: 45-0506898 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of New Registered Agent: Name and Address of Current Registered Agent:

COLLINS, TIMOTHY MARK COLLINS, TIMOTHY MARK 13069 CHEWNINGVILLE LANE 929 HAMÍLTON PLACE DRIVE US LAKELAND, FL 33813 BOWLING GREEN, FL 33834

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: TIMOTHY MARK COLLINS 11/23/2004

> Electronic Signature of Registered Agent Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

() Delete Title: (X) Change () Addition

Title: COLLINS, TIMOTHY MARK COLLINS, TIMOTHY MARK Name: Name: P.O. BOX 205 4550 EWELL ROAD Address: Address:

City-St-Zip: BRADLEY, FL 33835 US City-St-Zip: LAKELAND, FL 33813 US

Title: Title: () Delete (X) Change () Addition Name: Name: COLLINS, JEFFREY A

COLLINS, TIMOTHY MARK P.O. BOX 205 929 HAMILTON PLACE DRIVE Address: Address: BRADLEY, FL 33835 US City-St-Zip: City-St-Zip: LAKELAND, FL 33813 US

Title: (X) Change () Addition Title: () Delete

COLLINS, TIMOTHY MARK COLLINS, TIMOTHY MARK Name: Name: P.O. BOX 205 4550 EWELL ROAD Address: Address: City-St-Zip: BRADLEY, FL 33835 US City-St-Zip: LAKELAND, FL 33813 US

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JEFFREY A COLLINS S,T 11/23/2004