


2006 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P03000046326

1. Entity Name
HAYES LAWN SERVICE OF MONTICELLO, INC



Principal Place of Business
**66 GAFFNEY SIDE RD
MONTICELLO, FL 32344**

Mailing Address
**66 GAFFNEY SIDE RD
MONTICELLO, FL 32344**


2. Principal Place of Business
Suite, Apt. #, etc.

3. Mailing Address
Suite, Apt. #, etc.

City & State
Zip Country

City & State
Zip Country

FILED
06 MAY -1 PM 4: 04
**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**
05-06



95012006 REIN-P CR2E098 (11/05)

4. FEI Number
76-0731078

Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent
**HAYES, PAULINE
66 GAFFNEY SIDE RD
MONTICELLO, FL 32344**

7. Name and Address of New Registered Agent
Name
Street Address (P.O. Box Number is Not Acceptable)
City **FL** Zip Code

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE *Pauline Hayes* (NOTE: Registered Agent signature required when reinstating) DATE 5/1/06

FILE NOW!!! FEE IS \$300.00

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

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	P HAYES, PAULINE 66 GAFFNEY SIDE RD MONTICELLO, FL 32344 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Pauline Hayes* DATE 5/1/06 Daytime Phone #