

2005 FOR PROFIT CORPORATION REINSTATEMENT

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FILED

05 OCT 26 PM 2:25

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



09272005 REIN-P CR2E098 (6/04)

DOCUMENT # P03000068209 1. Entity Name CAPITAL ASPHALT REPAIR AND LAWN CARE INC.			
Principal Place of Business P.O. BOX 10276 TALLAHASSEE, FL 32302		Mailing Address P.O. BOX 10276 TALLAHASSEE, FL 32302	
2. Principal Place of Business 4817 EASY STREET <small>Suite, Apt. #, etc.</small>		3. Mailing Address P.O. Box 10276 <small>Suite, Apt. #, etc.</small>	
City & State TALLAHASSEE, FL. <small>Zip Country</small> 32303		City & State TALLAHASSEE, FL. <small>Zip Country</small> 32302	
4. FEI Number 42-1611010		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent HOLLAND, SCHURLOCK C 4817 EASY STREET TALLAHASSEE, FL 32303		7. Name and Address of New Registered Agent Name MICHAEL E. WATTS Street Address (P.O. Box Number is Not Acceptable) 2546 ARTHURS COURT LANE City TALLAHASSEE, FL Zip Code 32301	
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 Michael E. Watts 09-27-05 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>			
FILE NOW!!! FEE IS \$150.00 After January 1, 2006, Fee will be \$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 D HOLLAND, SCHURLOCK 4817 EASY ST. TALLAHASSEE, FL 32303	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP 800060185788 10/03/05--01055--009 **\$150.00	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP D HOLLAND, LULA 4817 EASY ST. TALLAHASSEE, FL 32303	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP D WATTS, MICHAEL E 2546 ARTHURS CT. LN TALLAHASSEE, FL 32301	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP D WATTS, DEMETRIA 2546 ARTHURS CT. LN TALLAHASSEE, FL 32301	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
12. I hereby certify that the information supplied with this filing does not qualify 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 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: SCHURLOCK HOLLAND 09-27-05 850491-0765 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>			