2005 FOR PROFIT CORPORATION REINSTATEMENT

	17511	OIAIEMENI						
DOCUM 1. Entity Name	IENT # P0300	0074520			FILED			
JASON ROMERA LAWN CARE, INC.					05	JAN 24 AM I	1: 54	
Principal Place of Business Mailing Address					_ SEC	RETAIN DE 21	Alt	
23004 BAY CEI		Mailing Address 23004 BAY CEDAR DR	23004 BAY CEDAR DR.		7 TALL	AHASSEE, FLO	ORIDA	
LAND O' LAKES			LAND O' LAKES, FL 34639		b			
2. Principal Plac	ce of Business	3. Mailing Address	3. Mailing Address					
Suite, Apt. #, etc.		Suite, Apt. #, etc.	·				₁₉₄ 04-05	
City & State		City & State	- City & State		Number 79.	561	- Applied For Not Applicable	
Zip	Country	Zip	Country		rtificate of Status Desir	_ \$9.75	5 Additional	
6, Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent								
LANIGAN, D	AVID C			Name JASON ROMERA				
10927 NORTH 56TH ST. Street Address (P.O. Box Number is Not Acceptable)								
TAMPA, FL 33617-3000 23004 BAY CEDAK DK								
			Ci	LAND	OLAKE	S FL Zip	Code (39	
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 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent alignature required when reinstating) DATE								
In eccordance with s. 607-193(2)(b), F.S., the								
FILE	NOWIII" FEE IS \$30	0.00				did not receive the p		
10.	OFFICE	RS AND DIRECTORS	11.	ADDI	I TIONS/CHANGES TO	OFFICERS AND DIREC	CTORS IN 11	
~	D Delete				☐ Change ☐ Addition			
l I	l '			ESS				
	LAND O' LAKES, FL 34639				Change Addition			
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NAME .		☐ Delete	TITLE NAME		40004	5896 0 1009002 *	range	
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	tify that the information sub	plied with this filing does not qualify fo		stated in Section 119	9.07(3)(i), Florida Statu	tes. I further certify that	t the information	
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: JOSON HOMEN 1-19-05								
SIGNATURE. SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Dayline Phone 4								