## 2005 FOR PROFIT CORPORATION REINSTATEMENT

	REINSTA	TI EINIEIA I	_ 00 6.		
DOCUMENT # P03000099364  1. Entity Name ADVANTA LAWN CARE INC				OS DEC 16 AND COME OF COME	( ) ( ) ( )
Principal Plac	e of Business	Mailing Address		\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\	. જુ
-2105 € LUM	<del>SDEN-</del>	2105 E LUMSDEN		\ \(\sigma_{\hat{O}}\hat{\hat{O}}.	1%
VALRICO, FL	<del>-33594</del>	VALRICO, FL-33594			23
2. Principal P 4403 Suite, Apt.	tace of Business Loma NゴTA DR #, etc.	3. Mailing Address P. O. Bo X I Suite, Apt. #, etc.	81	12072005 REIN-P CR2E098 (6/04)	
City & State	<u> </u>	City & State	<del></del>	4. FEI Number	plied For
VALR		VAL RICO,	FL		t Applicable
Zip	Country	Zin	Country	¢0.75 A.J.	
~~~ <u>~</u> ~335	194   WSA	3359 <i>5</i>	AZW	5. Certificate of Status Desired Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
			Name Co	LANK T. MILLETT	
COUGHLIN, MARIE					
2105 E LUMSDEN			Street Address (P.O. Box Number is Not Acceptable)		
<del>VALRICO,</del>	FL 33594		111 2 1/ 200 10 1/ 21 10		
			1112	W. BRANDON BLUD	
			City D	RANDON FL Zip Code	35 /ı
8 The above	named entity submits this statement for	the nurnose of changing its re-			
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.					
	7 h T	mallett a	~ P A		-
SIGNATURE	Signature, broad or printed name of partitioned agent of	and title if equilicable (NOTE: B	- ) IT	Subsedurben selected pay	
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)  DATE  Output  Date					
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.					F.S., the otice.
10.	OFFICERS AND	DIRECTORS	11.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS	SIN 11
TITLE	Р	☐ Delete	TITLE		☐ Addition
NAME	COUGHLIN, SCOTT		NAME		
STREET ADDRESS	<del>2105 E LUMSDE</del> N		STREET ADDRESS 44	103 LOMA VISTA DR	
CITY-ST-ZIP	VALRICO, FL 33594				1
TITLE			CITY-ST-ZIP V		1
	VP	□ Delete	CITY-ST-ZIP V	ALRICO, FL 33594 Change	☐ Addition
NAME	COUGHLIN, MARIE	☐ Delete	TITLE NAME	ALRICO, FL 33594 AChange	☐ Addition
NAME STREET ADDRESS	``	☐ Delete	TITLE NAME STREET ADDRESS	ALRICO, FL 33594  Change  403 LOMA VISTAD R	☐ Addition
	COUGHLIN, MARIE	☐ Delete	TITLE NAME STREET ADDRESS	ALRICO, FL 33594  Change  403 LOMA VISTAD R	☐ Addition
STREET ADDRESS	COUGHLÍN, MARIE 2105 E LUMSDEN	☐ Delete	TITLE NAME STREET ADDRESS	ALRICO, FL 33594 AChange	Addition
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