


2005 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P03000099364		
1. Entity Name ADVANTA LAWN CARE INC		

Principal Place of Business 2105 E LUMSDEN VALRICO, FL 33594	Mailing Address 2105 E LUMSDEN VALRICO, FL 33594
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2. Principal Place of Business 4403 LOMA VISTA DR Suite, Apt. #, etc.	3. Mailing Address P.O. Box 181 Suite, Apt. #, etc.
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City & State VALRICO, FL	City & State VALRICO, FL
Zip 33594	Country USA
City & State VALRICO, FL	City & State VALRICO, FL
Zip 33595	Country USA



12072005 REIN-P CR2E098 (6/04)

4. FEI Number APPLIED FOR 20-0212222	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent COUGHLIN, MARIE 2105 E LUMSDEN VALRICO, FL 33594	7. Name and Address of New Registered Agent Name FRANK T. MILLETT Street Address (P.O. Box Number is Not Acceptable) 1112 W. BRANDON BLVD City BRANDON FL Zip Code 33511
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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 Frank T. Millett CPA DATE 12/6/05

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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.
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P COUGHLIN, SCOTT 2105 E LUMSDEN VALRICO, FL 33594 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 4403 LOMA VISTA DR VALRICO, FL 33594
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP COUGHLIN, MARIE 2105 E LUMSDEN VALRICO, FL 33594 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 4403 LOMA VISTA DR VALRICO, FL 33594
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<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"/> Change <input type="checkbox"/> Addition 700062222547 12/16/05--01024--010 ***150.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition REINSTATEMENT 05
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition T. Roberts DEC 20 2005

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: [Signature] PRESIDENT DATE 12/6/05 913-651-2227

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

FILED
05 DEC 16 AM 8:49
TALLAHASSEE, FLORIDA