

**2004 FOR PROFIT CORPORATION REINSTATEMENT**

DOCUMENT# P03000133446

**FILED  
Nov 02, 2004  
Secretary of State**

**Entity Name:** FRANCISCO LAWN MAINTENANCE, INC.

**Current Principal Place of Business:**

14814 OKEECHOBEE DR  
INDIANTOWN, FL 34956

**New Principal Place of Business:**

**Current Mailing Address:**

14814 OKEECHOBEE DR  
INDIANTOWN, FL 34956

**New Mailing Address:**

**FEI Number:** 90-0154670      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

AILON, FRANCISCO  
14814 OKEECHOBEE DR  
INDIANTOWN, FL 34956      US

**Name and Address of New Registered Agent:**

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.  
Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: PRES ( ) Change (X) Addition  
Name: AILON, FRANCISCO  
Address: 14814 OKEECHOBEE DR.  
City-St-Zip: INDIANTOWN, FL 34956

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: FRANCISCO AILON

PRES

11/02/2004

\_\_\_\_\_ Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date