


2008 FOR PROFIT CORPORATION REINSTATEMENT

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

08 MAR 26 AM 9:44

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|--|--|---|--|---|--|
| DOCUMENT # P03000149193 1. Entity Name B & T LAWN SERVICES, INC. | | | |  | |
| Principal Place of Business 418 E CANFIELD ST AVON PARK, FL 33825 | | | Mailing Address P.O. BOX 276 AVON PARK, FL 33826 | | |
| 2. Principal Place of Business - No P.O. Box # 4323 Whiting Drive <small>Suite, Apt. #, etc.</small> | | 3. Mailing Address PO Box 276 <small>Suite, Apt. #, etc.</small> | | | |
| City & State Sebring, FL 33870 | | City & State Avon Park, FL | | 4. FEI Number 20-0443107 | |
| Zip 33870 | | Country USA | | 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required | |
| 6. Name and Address of Current Registered Agent WELCH, TERA E 418 E CANFIELD ST AVON PARK, FL 33825 | | | 7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code | | |
| 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 <i>Tera Elaine Welch</i> DATE 3/20/08 <small>(NOTE: Registered Agent signature required when reinstating)</small> | | | | | |
| FILE NOW!!! FEE IS \$300.00 | | <i>Not Notified \$150.00</i> | | 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 WELCH, TERA E 418 E CANFIELD ST AVON PARK, FL 33825 | | | TITLE NAME STREET ADDRESS CITY-ST-ZIP P Welch, Tera Elaine 4323 Whiting Dr. Sebring, FL 33870 | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP Delete | | | TITLE NAME STREET ADDRESS CITY-ST-ZIP Change Addition | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP Delete | | | TITLE NAME STREET ADDRESS CITY-ST-ZIP Change Addition | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP Delete | | | TITLE NAME STREET ADDRESS CITY-ST-ZIP Change Addition | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP B 3/22/08 REINSTATEMENT 07-08 | | | TITLE NAME STREET ADDRESS CITY-ST-ZIP Change Addition | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP Delete | | | TITLE NAME STREET ADDRESS CITY-ST-ZIP Change Addition | | |
| 12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: <i>Tera Elaine Welch</i> DATE 3/20/08 DAYTIME PHONE # (803) 767-0500 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small> | | | | | |