

2007 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# P03000154033

FILED
Oct 05, 2007
Secretary of State

Entity Name: LAWN GEVITY COMMERCIAL MAINTENANCE, INC.

Current Principal Place of Business:

9641 MCNORTON RD
ALTAMONTE SPRINGS, FL 32714

New Principal Place of Business:

Current Mailing Address:

9641 MCNORTON RD
ALTAMONTE SPRINGS, FL 32714

New Mailing Address:

FEI Number: 59-3440755

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

WELKER, HENRY B
9641 MCNORTON RD
ALTAMONTE SPRINGS, FL 32714 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: HENRY B WELKER

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PST () Delete
Name: WELKER, HENRY B
Address: 9641 MCNORTON RD
City-St-Zip: ALTAMONTE SPRINGS, FL 32714

Title: V () Delete
Name: WELKER, RANDALL P
Address: 9641 MCNORTON RD
City-St-Zip: ALTAMONTE SPRINGS, FL 32714

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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: HENRY B. WELKER

Electronic Signature of Signing Officer or Director

PST

10/05/2007

Date