

# 2005 FOR PROFIT CORPORATION REINSTATEMENT

<b>DOCUMENT # P04000058694</b> 1. Entity Name <b>LAWNWALKER SERVICES, INC.</b>						<b>FILED</b> <b>05 DEC 15 PM 5:37</b> SECRETARY OF STATE TALLAHASSEE, FLORIDA  <b>REINSTATEMENT 2005</b> 12062905 11 REIN- CR2E098 (6/04)	
Principal Place of Business <b>9009 MCKENDREE RD WESLEY CHAPEL, FL 33544</b>				Mailing Address <b>9009 MCKENDREE RD WESLEY CHAPEL, FL 33544</b>			
2. Principal Place of Business Suite, Apt. #, etc.				3. Mailing Address Suite, Apt. #, etc.			
City & State				City & State			
Zip		Country		Zip		Country	
4. FEI Number <b>33-1090310</b>						Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>						<b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent  <b>WALKER, LANCE 9009 MCKENDREE RD WESLEY CHAPEL, FL 33544</b>				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____							
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After January 1, 2006, Fee will be \$300.00</b>				In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.			
<b>10. OFFICERS AND DIRECTORS</b>				<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>			
TITLE <b>P,T,D</b> <input type="checkbox"/> Delete NAME <b>Lance Walker</b> STREET ADDRESS <b>9009 Mckendree Rd</b> CITY-ST-ZIP <b>Wesley Chapel, FL 33544</b>				TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME <b>000062197940</b> STREET ADDRESS <b>12/15/05--01032--009</b> CITY-ST-ZIP <b>**150.00</b>			
TITLE <b>V,S,D</b> <input type="checkbox"/> Delete NAME <b>TAMMY WALKER</b> STREET ADDRESS <b>9009 MCKENDREE RD</b> CITY-ST-ZIP <b>Wesley Chapel, FL 33544</b>				TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME STREET ADDRESS CITY-ST-ZIP			
TITLE <input type="checkbox"/> Delete NAME STREET ADDRESS CITY-ST-ZIP				TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME STREET ADDRESS CITY-ST-ZIP			
TITLE <input type="checkbox"/> Delete NAME STREET ADDRESS CITY-ST-ZIP				TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME STREET ADDRESS CITY-ST-ZIP			
TITLE <input type="checkbox"/> Delete NAME STREET ADDRESS CITY-ST-ZIP				TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME STREET ADDRESS CITY-ST-ZIP			
TITLE <input type="checkbox"/> Delete NAME STREET ADDRESS CITY-ST-ZIP				TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME STREET ADDRESS CITY-ST-ZIP			
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: <b>Lance Walker</b> <b>12-9-05</b>				Date <b>(813) 907-0155</b> Daytime Phone #			