2007 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# P04000154716

Title:

Name:

Address:

City-St-Zip:

FILED Sep 23, 2007 Secretary of State

Entity Name: CUTTING EDGE LAWN SERVICE OF SARASOTA, INC.					
Current Principal Place of Business:			New Principal Place o	New Principal Place of Business:	
7337 CLAR SARASOTA					
Current Mailing Address:			New Mailing Address	New Mailing Address:	
7337 CLAR SARASOTA					
FEI Number: 2	20-2056716	FEI Number Applied For ()	FEI Number Not Applicable ()	Certificate of Status Desired ()	
Name and Address of Current Registered Agent:			Name and Address of	Name and Address of New Registered Agent:	
SPIEGEL & UTRERA, P.A. 1840 SW 22ND ST. 4TH FLOOR MIAMI, FL 33145 US			7337 CLÁRIES DRIVE	LEPAGE, SHERRY B VP 7337 CLARIES DRIVE SARASOTA, FL 34243 US	
The above r		submits this statement for the pu	rpose of changing its registered	office or registered agent, or both,	
SIGNATURE: SHERRY LEPAGE				09/23/2007	
	Electron	ic Signature of Registered Agen	t	Date	
Election Cam	paign Financing	3(2)(b), F.S., the corporation did not in the properties of the contribution ().	-		
OFFICERS AND DIRECTORS:			ADDITIONS/CHANGE	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:	
Title: Name: Address: City-St-Zip:	PD () LEPAGE, DAVII 7337 CLARIES SARASOTA, FL	DR	Title: (Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	V () LEPAGE, SHER 7337 CLARIES SARASOTA, FL	DR	Title: (Name: Address: City-St-Zip:	()Change ()Addition	
Title: Name: Address: City-St-Zip:	S () WILFRED, LEP 1808 36TH AVE BRADENTON, F	NUE EAST	Title: (Name: Address: City-St-Zip:	() Change () Addition	

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.

Title:

Name:

Address:

City-St-Zip:

SIGNATURE: SHERRY LEPAGE VP 09/23/2007

(X) Delete

5110 44TH AVENUE EAST

BRADENTON, FL 34203 US

STEVE, EMERY

() Change () Addition