

# **2011 FOR PROFIT CORPORATION REINSTATEMENT**

DOCUMENT# P04000166959

**FILED**  
**Aug 11, 2011**  
**Secretary of State**

**Entity Name:** LIVAN OLIVER'S LAWN CARE CORPORATION

**Current Principal Place of Business:**

1175 MARNI RIDGE CT  
KISSIMMEE, FL 34747

**New Principal Place of Business:**

**Current Mailing Address:**

1175 MARNI RIDGE CT  
KISSIMMEE, FL 34747

**New Mailing Address:**

**FEI Number:** 20-1992874

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

OLIVER, LIVAN  
1175 MARNI RICH CT  
KISSIMMEE, FL 34747 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:** LIVAN OLIVER

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

**Title:** P  
**Name:** OLIVER, LIVAN  
**Address:** 1175 MARNI RICH CT  
**City-St-Zip:** KISSIMMEE, FL 34747

**Title:** S  
**Name:** OLIVER, LIVAN  
**Address:** 1175 MARNI RICH CT  
**City-St-Zip:** KISSIMMEE, FL 34747

I hereby 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 all other like empowered.

**SIGNATURE:** LIVAN OLIVER

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

P

08/11/2011

\_\_\_\_\_  
Date