

# **2009 FOR PROFIT CORPORATION REINSTATEMENT**

DOCUMENT# P04000171178

Entity Name: MAC LAWN CARE, INC

**FILED**  
**Jun 04, 2009**  
**Secretary of State**

**Current Principal Place of Business:**

12611 67TH ST. NORTH  
W. PALM BCH, FL 33412

**New Principal Place of Business:**

**Current Mailing Address:**

12611 67TH ST. NORTH  
W. PALM BCH, FL 33412

**New Mailing Address:**

FEI Number: 20-2147906

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

ACCURATE FINANCIAL SERVICES, INC.  
17767 63RD RD. NORTH  
LOXAHATCHEE, FL 33470 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: MIGUEL COLON

Electronic Signature of Registered Agent

Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: D ( ) Delete  
Name: COLON, MIGUEL A  
Address: 12611 67TH ST. NORTH  
City-St-Zip: W. PALM BCH, FL 33412

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

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: MIGUEL COLON

Electronic Signature of Signing Officer or Director

OWEN

06/04/2009

Date