

2006 FOR PROFIT CORPORATION REINSTATEMENT

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FILED

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA



REINSTATEMENT

DOCUMENT # P05000011126 1. Entity Name PROFESSIONAL CUTS LAWN SERVICE & LANDSCAPING INC.					
Principal Place of Business 12605 EARLY RUN LANE RIVERVIEW, FL 33569			Mailing Address 12605 EARLY RUN LANE RIVERVIEW, FL 33569		
2. Principal Place of Business Suite, Apt. #, etc.			3. Mailing Address Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		4. FEI Number 20-2005323	
5. Certificate of Status Desired <input type="checkbox"/>				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent TOWSLEY, DAVID 12605 EARLY RUN LANE RIVERVIEW, FL 33569				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City	
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: <i>David Towsley</i> <small>Signature, typed or printed name of registered agent and title if applicable.</small>				DATE: 12/28/06 <small>(NOTE: Registered Agent signature required when reinstating)</small>	
FILE NOW!!! FEE IS \$150.00 After January 1, 2007, Fee will be \$300.00			In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	P TOWSLEY, DAVE 12605 EARLY RUN LANE RIVERVIEW, FL 33569		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition 200082987602 01/03/07--01052--002 **150.00	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: <i>[Signature]</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			DATE: 12/28/06 DAYTIME PHONE: 813-215-9978		


K. Eckel JAN 03 2007

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To Whom It May Concern:

My name is Dave Towsley, with Professional Cuts Lawn Service (P05000011126) I am writing for reinstatement. I never received any letters from you requesting additional information. I have enclosed the information that you were wanting. Please reinstate my company with out any additional charges. If there is any question please call me at 813-215-9978

Sincerely

A handwritten signature in black ink, appearing to be 'Dave Towsley', with a long, sweeping horizontal line extending to the right.

Dave Towsley
Professional Cuts