


# 2007 FOR PROFIT CORPORATION REINSTATEMENT

FILED  
2007 DEC 17 AM 9:32  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P05000050300					
1. Entity Name SANDERS LANDSCAPIN LAWNS INC					
Principal Place of Business 13450 EAST LEVY STREET WILLISTON, FL 32696			Mailing Address 13450 EAST LEVY STREET WILLISTON, FL 32696		
2. Principal Place of Business - No P.O. Box #			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip	Country	Zip	Country	4. FEI Number APPLIED FOR 26-2520412	
				Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent  SANDERS, CHRISTOPHER 13450 EAST LEVY STREET WILLISTON, FL 32696			7. Name and Address of New Registered Agent  Name Street Address (P.O. Box Number is Not Acceptable)  City FL 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 _____					
FILE NOW!!! FEE IS \$150.00 After January 1, 2008, 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	P	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	SANDERS, CHRISTOPHER		NAME	300113204513	
STREET ADDRESS	13450 EAST LEVY STREET		STREET ADDRESS	12/17/07--01064--025 **150.00	
CITY-ST-ZIP	WILLISTON, FL 32696		CITY-ST-ZIP		
TITLE	SEC	<input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	SHAWN, LARSEN P		NAME		
STREET ADDRESS	13450 EAST LEVY STREET		STREET ADDRESS		
CITY-ST-ZIP	WILLISTON, FL 32696		CITY-ST-ZIP		
TITLE	VP	<input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	BARRITT, JOSEPH M		NAME		
STREET ADDRESS	13450 EAST LEVY STREET		STREET ADDRESS		
CITY-ST-ZIP	WILLISTON, FL 32696		CITY-ST-ZIP		
TITLE	VP	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	Jeremy Twitchell		NAME		
STREET ADDRESS	13450 E. Levy St.		STREET ADDRESS		
CITY-ST-ZIP	WILLISTON FL 32696		CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
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: Chris Sanders			12/13/07 352-535-1178		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date Daytime Phone #		

B. Mitchell DEC 30 2007