



2007 FOR PROFIT CORPORATION REINSTATEMENT

FILED

2007 DEC 24 PM 1:30

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P05000078365 1. Entity Name L J LAWN SERVICE, INC.			
Principal Place of Business 10711 NW 21 ST CORAL SPRINGS, FL 33071		Mailing Address 10711 NW 21 ST CORAL SPRINGS, FL 33071	
2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc. City & State Zip Country		3. Mailing Address LJ Lawn Service Inc. PO Box 190571 Ft. Lauderdale, FL 33319	
			
		12212007 REIN-P CR2E098 (1/07)	
		4. FEI Number 56-2520140	
		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent JOSEPH, LEVEQUE 10711 NW 21 ST CORAL SPRINGS, FL 33071		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 _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE</small>			
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 NAME JOSEPH, LEVEQUE STREET ADDRESS 10711 NW 21 ST CITY-ST-ZIP CORAL SPRINGS, FL 33071	TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME 600113368686 STREET ADDRESS 12/24/07--01018--004 CITY-ST-ZIP **150.00		
TITLE <input type="checkbox"/> Delete NAME <input type="checkbox"/> Change <input type="checkbox"/> Addition STREET ADDRESS <input type="checkbox"/> Change <input type="checkbox"/> Addition CITY-ST-ZIP			
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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>Leveque Joseph</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		Date: <u>12/21/2007</u> Daytime Phone #	

12/24/07