## 2008 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# P05000087210

Name:

Address:

City-St-Zip:

FILED Nov 05, 2008 Secretary of State

Entity Name: MAC'S LAWN MAINTENANCE, INC.								
Current Principal Place of Business:					New Principal Place of Business:			
130 SALEM ALTAMON	STREET E SPRINGS, F	L 32701	US					
Current Mailing Address:					New Mailing Address:			
130 SALEM ALTAMON	STREET E SPRINGS, F	L 32701	US					
FEI Number:	20-2966548	FEI Number	Applied For ( )	FEI Nun	nber Not Appli	cable ( )	Certificate of Status Desired ( )	
Name and Address of Current Registered Agent:					Name and Address of New Registered Agent:			
ALL FLORIDA FIRM INC 465 S VOLUSIA AVE SUITE C ORANGE CITY, FL 32763 US					ALL FLORIDA FIRM INC 813 DELTONA BLVD STE A DELTONA, FL 32725 US			
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: CHRISTINA CLARK FOR ALL FLORIDA FIRM, I					NC		11/05/2008	
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:					ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:			
Title: Name: Address: City-St-Zip:	P () D MCROY, BRENT 130 SALEM STRE ALTAMONTE SPE	EET	701 US		Title: Name: Address: City-St-Zip:		( ) Change ( ) Addition	
Title: Name: Address: City-St-Zip:	VP () D OLIVER, DREA 130 SALEM STRE ALTAMONTE SPE		701 US		Title: Name: Address: City-St-Zip:		( ) Change ( ) Addition	
Title <sup>.</sup>	( ) D	elete			Title <sup>.</sup>	СН	( ) Change (X) Addition	

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.

Name:

Address:

City-St-Zip:

COLES, DAYATRA 9251 TOPOHILL CT

JACKSONVILLE, FL 32225 US

SIGNATURE: CHRISTINA CLARK FOR BRENT MCROY P 11/05/2008