


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT		 FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # P05000113751 1. Corporation Name HAPPY LAWN SERVICE			
2. Principal Office Address - No P.O. Box # 3786 SW 186TH CT Suite, Apt. #, etc.		3. Mailing Office Address PO BOX 3242 Suite, Apt. #, etc.	
City & State: DUNNELLON, FL		City & State: DUNNELLON, FL	
Zip 34432	Country USA	Zip 34430	Country USA
4. Date Incorporated or Qualified To Do Business in Florida 08/16/2005			
5. FEI Number 020755450		<input type="checkbox"/> Applied For <input checked="" type="checkbox"/> Not Applicable	
6. CERTIFICATE OF STATUS DESIRED <input checked="" type="checkbox"/> \$8.75 Additional Fee required for a Certificate of Status			
7. Name and Address of Current Registered Agent			
Name LISA F SHEFFIELD			
Street Address (P.O. Box Number is Not Acceptable) 20170 E PENNSYLVANIA AVE			
Suite, Apt. #, Etc.			
City DUNNELLON		State FL	Zip Code 34432
8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S. Signature of Registered Agent: <u><i>Lisa F. Sheffield</i></u> Date: 1/25/2010 REGISTERED AGENT MUST SIGN			
9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)			
Title	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
P	TIMOTHY D TYSON	3786 SW 186TH CT	DUNNELLON, FL 34432
10. E-mail Address: CRASHTESTMOME@AOL.COM (To be used for future annual report notification)			
11. I certify that I am an officer or director or the receiver or trustee empowered to execute this application as provided for in chapter 607 or 617, F.S. I further certify that when filing this reinstatement application, the reason for dissolution has been eliminated, the corporate name satisfies the requirements of section 607.0401 or 617.0401, F.S., that all fees owed by the corporation have been paid. Further certify the information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath. SIGNATURE: <u><i>Timothy D Tyson</i></u> TIMOTHY D TYSON 1/25/2010 3524274045 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #			

FILED

10 JAN 28 AM 11:11

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

REINSTATEMENT 07-10

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