

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P05000113804

1. Corporation Name

TURF-Action Lawn Care Systems, Inc.

2. Principal Office Address - No P.O. Box # <i>1475 River Hills CIR E.</i>	3. Mailing Office Address <i>Suite, Apt. #, etc.</i>
<i>City & State JAX, FL</i>	<i>City & State</i>
Zip <i>32211</i>	Country <i>USA</i>

7. Name and Address of Current Registered Agent			
Name <i>Laura Hood</i>			
Street Address (P.O. Box Number is Not Acceptable) <i>1475 River Hills cir E.</i>			
Suite, Apt. #, Etc.			
City <i>JACKSONVILLE</i>		State <i>FL</i>	Zip Code <i>32211</i>

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.	Date <i>3/2/10</i>
Signature of Registered Agent <i>Laura Y Hood</i>	REGISTERED AGENT MUST SIGN

9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)			
Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
P	Shane Hood	1475 River Hills cir E.	JAX, FL 32211
V	Laura Hood	1475 River Hills cir E.	JAX, FL 32211

10. E-mail Address: <i>Scallywagvwta@yahoo.com</i>	(To be used for future annual report notification)
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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. I 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: *Laura Y Hood*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

10 MAR 10 PM 4:00

900171739169
03/10/10-01002-025 **750.00

REINSTATEMENT 06-10

4. Date Incorporated or Qualified
To Do Business in Florida

8/16/05

5. FEI Number *270129558* Applied For
 Not Applicable

6. CERTIFICATE OF STATUS DESIRED \$8.75 Additional Fee required
for a Certificate of Status

The reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the reinstatement fee be waived.

Date

Daytime Phone #

3/2/10 904-645-9141