PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT	FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS		FIL.ED 10 FEB 24 AM 8: 22		
DOCUMENT # 805600143210 1. Corporation Name True Care Lawn Service of			(1) P.M	CRETARY OF STATE LLANASSEE, PLONDA	
LEE CRUNTY 1 7 C 2. Principal Office Address - No P.O. Box #	100170366161 02/24/1001006001 **600.00				
1522 Senior C+				CR2E081 (11/09)	
Suite, Apt. #, etc.	Suite, Apt. #, etc.	•		4. Date Incorporated or Qualified To Do Business in Florida /U/ZU/C 5	
City & State Lehigh Acres Fi	City & State			5. FEI Number 07076718 2 Applied For Not Applicable	
2ip 33471 Country U.S.A.	Zip	Country	6. CERTIFICATE	OF STATUS DESIRED S8.75 Additional Fee required to a Certificate of Status	
7. Name and Address of Current Registered Agent					
Street Address (P.O. Box Number is Not Acceptable) Suite, Apt. #, Etc.	ton for Cf			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.	
city Lehigh Acres		State Zip Code FL 33471			
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 Date 2/17/10					
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	
PD Bonald Rus	trn 1522 Senior		! f	Uhuh ACros, 1233711	
STD Jonna Rust	$\frac{3}{3}$	2 Senior C	4	Litigh Acres to 33471	
REINSTATE	MENT	RH		02/24/10-01037-002	
			<u></u>		
10. E-mail Address: CMGA TUSTON & CMGSt, IVCT					
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 filling 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: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #					