

# 2006 FOR PROFIT CORPORATION REINSTATEMENT

10/2

**DOCUMENT # P05000150178**

1. Entity Name  
**LAWN WARDEN, INC.**



06 OCT 25 2006 1:31

Principal Place of Business  
1421 FLATSWOOD ROAD  
MIMS, FL 32754

Mailing Address  
1421 FLATSWOOD ROAD  
MIMS, FL 32754

2. Principal Place of Business  
Suite, Apt. #, etc.  
City & State  
Zip Country

3. Mailing Address  
Suite, Apt. #, etc.  
City & State  
Zip Country



**REINSTATEMENT**

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4. FCI Number  
**20-3766975**

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent  
**TEMPERLY, SHANE D**  
**1421 FLATSWOOD ROAD**  
**MIMS, FL 32754**

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: Shane Temperly (NOTE: Registered Agent signature required when reinstating) DATE: 10/15

**FILE NOW!!! FEE IS \$150.00**  
**After January 1, 2007, 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 NAME STREET ADDRESS CITY-ST-ZIP	P TEMPERLY, SHANE D 1421 FLATSWOOD ROAD MIMS, FL 32754 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition <b>500081130245</b> <b>10/24/06--01008--005 **150.00</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: Shane Temperly Date: 10/15/06 Daytime Phone #: 407 462-2131

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October 20 2006

Lawn Warden, Inc.  
1421 Flatswood Road  
Mims, FL 32754

Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

Re: 2003 Uniform Business Report  
P-05000150178  
Reinstatement and Waiver of Late Fee  
F.I.D. 20-3766975

To Whom It May Concern:

Please note that I did not receive the original Uniform Business Report, which should have been mailed to me earlier this year. I am sure that I did not receive the original request.

Please waive the \$400 penalty per Statutory Citation 607.193, part (2), which states that the penalty can be waived if the business entity did not receive the uniform business report. Please reinstate my corporation. I have enclosed the properly filled out Annual Report.

Enclosed is my check in the amount of \$150.00.

Please feel free to contact me if you have any questions. You can call me at 407-402--2131.

I am looking forward to your action on this matter.

Thank you very much.

Sincerely,

Shane Temperly  
President  
Lawn Warden, Inc.