


# 2007 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P06000018350	
1. Entity Name E BIRD CUTTING UP LAWN CARE INC.	

Principal Place of Business 526 GARFIELD AVE. WINTER PARK, FL 32789	Mailing Address 526 GARFIELD AVE. WINTER PARK, FL 32789
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2. Principal Place of Business - No P.O. Box # <u>628 Renaissance</u> Suite, Apt. #, etc. <u>103</u> City & State <u>Altamonte Springs</u> Zip <u>32714</u> Country <u>Seminole</u>	3. Mailing Address <u>628 Renaissance</u> Suite, Apt. #, etc. <u>103</u> City & State <u>Altamonte Springs</u> Zip <u>32714</u> Country <u>Seminole</u>
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6. Name and Address of Current Registered Agent GLOVER, ERRIC W 526 GARFIELD AVE. WINTER PARK, FL 32789	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) <u>628 Renaissance</u> <u>Unit 103</u> City <u>Altamonte Springs</u> FL Zip Code <u>32714</u>
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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 Erric W. Glover ERRIC W. GLOVER 9/17/07  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS \$150.00 After January 1, 2008, Fee will be \$300.00	In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
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10. OFFICERS AND DIRECTORS	11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11																								
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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: Erric W. Glover 9/17/07 (407) 683-0650  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

FILED  
07 SEP 25 PM 2:20  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

09172007 REIN-P CORP098 (1/07) 07  
REINSTATEMENT