

2008 FOR PROFIT CORPORATION REINSTATEMENT

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

08 APR 30 PM 4:48

DOCUMENT # P06000019796					
1. Entity Name A BETTER LAWN CARE COMPANY, INC.					
Principal Place of Business 901 S SOLANDRA DR ORLANDO, FL 32807			Mailing Address 901 S SOLANDRA DR ORLANDO, FL 32807		
2. Principal Place of Business - No P.O. Box #			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		4. FEI Number 20-4259124	
5. Certificate of Status Desired				<input checked="" type="checkbox"/> \$8.75 Additional Fee Required <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent GUGLIOTTI, TERESA 901 S SOLANDRA DR ORLANDO, FL 32807				7. Name and Address of New Registered Agent	
Name				Name	
Street Address (P.O. Box Number is Not Acceptable)				Street Address (P.O. Box Number is Not Acceptable)	
City				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: <i>Teresa G. Gugliotti</i>				DATE: 4/22/08	
Signature, typed or printed name of registered agent and title if applicable.				(NOTE: Registered Agent signature required when reinstating)	
FILE NOW!!! FEE IS \$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	DPTS	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GUGLIOTTI, TERESA			NAME	100127566631
STREET ADDRESS	901 S SOLANDRA DR			STREET ADDRESS	04/30/08--01067--004 **159.00
CITY-ST-ZIP	ORLANDO, FL 32807			CITY-ST-ZIP	
TITLE	V	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GUGLIOTTI, TERESA			NAME	
STREET ADDRESS	901 S SOLANDRA DR			STREET ADDRESS	
CITY-ST-ZIP	ORLANDO, FL 32807			CITY-ST-ZIP	
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NAME				NAME	
STREET ADDRESS				STREET ADDRESS	
CITY-ST-ZIP				CITY-ST-ZIP	
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: <i>Teresa G. Gugliotti</i>				DATE: 4/22/08	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR				Daytime Phone #	

05/01/07 90015 026150

04072008 REIN-P CR2E098 (1/07)

4. FEI Number
20-4259124

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

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: *Teresa G. Gugliotti* DATE: 4/22/08

FILE NOW!!! FEE IS \$300.00
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

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CITY-ST-ZIP	ORLANDO, FL 32807	CITY-ST-ZIP	
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CITY-ST-ZIP	ORLANDO, FL 32807	CITY-ST-ZIP	
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STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

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SIGNATURE: *Teresa G. Gugliotti* DATE: 4/22/08 407-432-5992

Per conversation did not receive 2007 notice to correct.