2007 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P06000048227 FILED 1. Entity Name CURB APPEAL OUTDOOR SERVICES INC. 07 DEC -3 PM 12: 09 Principal Place of Business Mailing Address SECALIAKY OF STATE TALLAHASSEE, FLORIDA 5281-8-5-TOWER-RD -5281-B-5-TOWER-RD -TAHAHASSEE-FI-32303 ■FAELAHASSEE=F1=32303 Principal Place of Business , No P.O. Box # 3. Mailing Address Williams Landing Same Suite, Apt. #, etc. 11142007 CR2E098 (1/07) City & State 4. FEI Number Applied For City & State 32310 0242 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Blanton **BLANTON, ROBBIE W** c5281:B:5-TOWER:RD TALLAHASSEE::FL=32303 3:2310 City 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 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when relastating) FILE NOW!!! FEE IS \$150.00 In accordance with s. 607.193(2)(b), F.S., the After January 1, 2008, Fee will be \$300.00 corporation did not receive the prior notice. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. 000113158699ppc □ Addition 12/14/07--01048--002 **158.75 TITLE Delete TITLE SMITH, JOSEPH B II NAME NAME 4856 W PENSACOLA ST STREET ADDRESS STREET ADDRESS CITY-ST-ZIP TALLAHASSEE, FL 32304 CITY-ST-ZIP ☐ Change ☐ Addition TITLE ☐ Delete TITLE BLANTON, ROBBIE W JR. NAME NAME williams Landing Rd. STREET ADDRESS 6281:B:5:TOWER:RD STREET ADDRESS CITY-ST-ZIP TALLAHASSEE, FL-32303 CITY-ST-ZIP ☐ Addition TITLE TITLE Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Chánge ☐ Addition TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY - ST- ZIP CITY+ST-77P ■ Addition [1] Change ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7/P 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: PED OR PRINTEDRAME OF BIGNING OFFICER OR DIRECTOR Daytime Phone