2007 FOR PROFIT CORPORATION REINSTATEMENT

SIGNATURE:

FILED **DOCUMENT # P06000056431** 2008 MAR 14 PM 3: 47 MIKE BRYANT LAWN CARE, INC. SECRETARY OF STATE Principal Place of Business TALLAHASSEE, FLORIDA Mailing Address 149 RANCH ROAD 149 RANCH ROAD QUINCY, FL 32351 **QUINCY, FL 32351** 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 10112007 REIN-P CR2E098 (1/07) City & State City & State 4. FEI Number Applied For 424<u>9174~6</u> Not Applicable Zip Country Country Zip \$8.75 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name BRYANT, MIKE Street Address (P.O. Box Number is Not Acceptable) 149 RANCH ROAD QUINCY, FL 32351 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 open ttle if applicable 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. TITLE TITLE ☐ Delete Change Addition NAME BRYANT, MIKE NAME 500120329705 STREET ADDRESS 149 RANCH ROAD STREET ADDRESS QUINCY, FL 32351 03/14/08--01013--005 **300.00 CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY - ST - ZIP CITY-ST-ZIP REINSTATEME TITLE ☐ Delete TITLE Addition NAME NAME STREET ADDRESS STREET ADDRESS City - St - ZiP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete TITLE 1111 F ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY - ST - ZIP CITY-ST-ZIP 12. I hereby certify that the information supplied with this filling 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 address, with all other like empowered.

TED NAME OF SIGNING OFFICER OR DIRECTOR