


2009 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT #P06000056580		
1. Entity Name A & A SUPERIOR LAWN CARE, INC.		

FILED
09 APR 28 PM 4:03
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business 7400 LAKE MARNI COURT MOUNT DORA, FL 32757	Mailing Address 7400 LAKE MARNI COURT MOUNT DORA, FL 32757
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2. Principal Place of Business - No P.O. Box # 1210 Retreat View Circle Suite, Apt. #, etc.	3. Mailing Address PO Box 950157 Suite, Apt. #, etc.
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04222009 REIN-P CR2E098 (1/07)

City & State Sanford Florida	City & State Lake Mary Florida
Zip 32771	Zip 32795
Country US	Country US

4. FEI Number 20-4982621	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent SNYDER, ALBERT V JR 7400 LAKE MARNI COURT MOUNT DORA, FL 32757	
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7. Name and Address of New Registered Agent Name Adrienne S. Snyder Street Address (P.O. Box Number is Not Acceptable) 1210 Retreat View Circle City Sanford FL Zip Code 32771	
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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 <u>Adrienne S. Snyder (Vice President)</u> <small>Signature, typed or printed name of registered agent and true if applicable</small>	DATE <u>4-22-09</u> <small>(NOTE: Registered Agent signature required when reinstating)</small>

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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10. OFFICERS AND DIRECTORS		11. ADDITIONAL OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD SNYDER, ALBERT V JR 7400 LAKE MARNI COURT MOUNT DORA, FL 32757 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	President Albert V. Snyder, Jr. PO Box 950157 Lake Mary, FL 32795 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V SNYDER, ADRIENNE S 7400 LAKE MARNI COURT MOUNT DORA, FL 32757 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Vice President Adrienne S. Snyder PO Box 950157 Lake Mary, FL 32795 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
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
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

500152925485
04/28/09--01004--022 **300.00

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: <u>Adrienne S. Snyder</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>	DATE <u>4-22-09</u> <small>Date Daytime Phone #</small>

4/28/09