## PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT			FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS				ATE	10 APR 26 PM 1:12			
	JMENT	# P	06000083	3003	e este est					ALLAHASSEE, FLORIDA	
S&H	LAWN	CAF	RE, INC						•	046 STATEMENT 10177736926 1001067024 ***300.00	
	ALACH	•	3. Mailing Office Address 180 E ALACHUA STREET				Ţ	_U47267 	1001067024 **300.00 CR2E081 (11/09)		
Suite, Apt. i			Suite, Apt. #, etc.  City & State					4. Date incorporated or Qualified To Do Business in Florida 06/16/2006			
PALATKA, FLORIDA Zip Country				PALATKA, FLORIDA  ZIP Country			. : <del></del>	5. FEI Number Applied For 20-5071218 Not Applied For			
32177 USA			32177 USA			1	6. CERTIFICATE OF STATUS DESIRED  58.75 Additional Fee required for a Certificate of Status				
7. Name and Address of Current Registered Agent  Name GLENN M THOMAS  Street Address (P.O. Box Number is Not Acceptable)  180 E ALACHUA STREET  Suite, Apt. #, Etc.  City PALATKA  State Zip Code FL 32177								1 (1) (1) (1) (1) (1) (1) (1) (1) (1) (1	The reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the reinstatement fee be waived.		
8. I, being appointed the registered of the above pamed corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.  Signature of Registered Agent Date 3/10/10  REGISTERED AGENT MUST SIGN											
9. Names	and Street Ac	dresses	of Each Officer an	d/or Director (Flo	rida nonpro			4		1 · · · · · · · · · · · · · · · · · · ·	
Titles		Officer	Name of s and/or Directors				treet Address of officer and/or D			City / State / Zip	
PRES	THO	MA:	S, GLE	NN M	180	EΑ	LACH	UĄ	<u>ST</u>	PALATKA, FL 32177	
VP	тном	AS,	MICHAE	LS	157	ΕN	IARIO	N S	ST	PALATKA, FL 32177	
VP	тном	IAŞ,	CHRIST	OPHER	108	HAI	RDING	3 A	VΕ	PALATKA, FL 321 <b>77</b>	
	\$. 135			•						AA AAN LIGAAN	
								,		M. MILLIGAN EXAMINER	
						,			· :	MAY -4 2010	
10. E-mail Address: LISA@TRIMBOOKKEEPING.COM  (To be used for future annual report notification)											
11. I certify that I am an officer or director or the receiver or trustee empowered to execute this application as provided for in chapter 607 or 617, F.S. I further certify that when filing this reinstatement application, the reason for dissolution has been eliminated, the corporate name satisfies the requirements of section 607.0401 or 617.0401, F.S., that all fees owed by the corporation have been paid infurther critify, the information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.  PRESIDENT  03/10/10											
7. (			SIGNATURE AND	TYPED OR PRINT	ED NAME OF	FSIGNIN	G OFFICER OR	DIRECT	OR	Date Daytime Phone #	