2008 FOR PROFIT CORPORATION REINSTATEMENT

FILED
Apr 30, 2008
Secretary of State

DOCUMENT# P06000087703

Entity Name: CREW CUTS LAWN SERVICE, INC.

Current Principal Place of Business:

9350 N.W. 31ST PLACE
SUNRISE, FL 33351

New Principal Place of Business:

1844 N. NOB HILL RD.
216
PLANTATION, FL 33322

Current Mailing Address:

9350 N.W. 31ST PLACE
SUNRISE, FL 33351

New Mailing Address:

1844 N. NOB HILL RD.
216
PLANTATION, FL 33322

FEI Number: **FEI Number Applied For ( )** **FEI Number Not Applicable (X)** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

SCHLORFF, II, ROBERT W ESQ
1995 E OAKLNAD PARK BLVD STE 300
FT. LAUDERDALE, FL 33306 US

Name and Address of New Registered Agent:

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.

SIGNATURE: ROBERT SCHLORFF, II

Electronic Signature of Registered Agent — Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: PVPS ( ) Delete
Name: SCHLEICHER, CHARLES
Address: 9350 N.W. 31ST PLACE
City-St-Zip: SUNRISE, FL 33351

Title: T ( ) Delete
Name: SCHLEICHER, CHARLES
Address: 9350 N.W. 31ST PLACE
City-St-Zip: SUNRISE, FL 33351

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PVPS (X) Change ( ) Addition
Name: SCHLEICHER, CHARLES
Address: 1844 N. NOB. HILL RD.
City-St-Zip: PLANTATION, FL 33351

Title: T (X) Change ( ) Addition
Name: SCHLEICHER, CHARLES
Address: 1844 N. NOB HILL RD.
City-St-Zip: PLANTATION, FL 33322

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: CHARLES SCHLEICHER T 04/30/2008

Electronic Signature of Signing Officer or Director — Date