

2011 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# P06000157497

Entity Name: E-SCAPES LAWN CARE, INC.

FILED
Jan 31, 2011
Secretary of State

Current Principal Place of Business:

1767 SOUTHPOINT COVE
SAINT JOHNS, FL 32259

New Principal Place of Business:

Current Mailing Address:

1767 SOUTHPOINT COVE
SAINT JOHNS, FL 32259

New Mailing Address:

FEI Number: 71-1020486

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MORRIS, ERIC
1767 SOUTHPOINT COVE
SAINT JOHNS, FL 32259 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: ERIC S. MORRIS

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: P/D
Name: MORRIS, ERIC S
Address: 1767 SOUTHPOINT COVE
City-St-Zip: SAINT JOHNS, FL 32259

Title: VP
Name: MORRIS, ERIC S
Address: 1767 SOUTHPOINT COVE
City-St-Zip: SAINT JOHNS, FL 32259

Title: S
Name: MORRIS, ERIC S
Address: 1767 SOUTHPOINT COVE
City-St-Zip: SAINT JOHNS, FL 32259

Title: T
Name: MORRIS, ERIC S
Address: 1767 SOUTHPOINT COVE
City-St-Zip: SAINT JOHNS, FL 32259

I hereby 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 all other like empowered.

SIGNATURE: ERIC MORRIS

Electronic Signature of Signing Officer or Director

PD

01/31/2011

Date