


2008 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P07000005618 1. Entity Name DOSTON'S LAWN MANAGEMENT INC						FILED SECRETARY OF STATE DIVISION OF CORPORATIONS 08 DEC 31 AM 7:43	
Principal Place of Business 38 N BETHUNE AVE ORLANDO, FL 32810				Mailing Address P O BOX 464 CLARCONA, FL 32710-0464 US			
2. Principal Place of Business - No P.O. Box # 800 Bethune Ave.				3. Mailing Address Suite, Apt. #, etc.			
Suite, Apt. #, etc.				Suite, Apt. #, etc.			
City & State Orlando, FL				City & State			
Zip 32810		Country U.S.A.		Zip		Country	
4. FEL Number 208240990				Applied For <input type="checkbox"/> Not Applicable			
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required			
6. Name and Address of Current Registered Agent SOTO, GABRIEL 511 ELDRON AVE DELTONA, FL 32738				7. Name and Address of New Registered Agent Name Venzetta Evans Street Address (P.O. Box Number is Not Acceptable) 38 N. Bethune Ave City Orlando FL Zip Code 32810			
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>Venzetta Evans</u> 12-28-08 <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE</small>							
FILE NOW!!! FEE IS \$150.00 After January 1, 2009, Fee will be \$300.00				In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.			
10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P <input type="checkbox"/> Delete DOSTON, REGINALD 38 N BETHUNE AVE ORLANDO, FL 32810			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition 200139488542 01/05/09--01064--013 **150.00		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T/S <input type="checkbox"/> Delete EVANS, VENZETTA 38 N BETHUNE AVE ORLANDO, FL 32810			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		
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		
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>Venzetta Evans</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>				12-28-08 407-227-9654 <small>Date Daytime Phone #</small>			