

2009 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# P07000038277

FILED
Dec 22, 2009
Secretary of State

Entity Name: REAGAN LAWN CARE SERVICES, INC.

Current Principal Place of Business:

1 LAKE GARDENS DRIVE
LAKE PLACID, FL 33852

New Principal Place of Business:

Current Mailing Address:

1 LAKE GARDENS DRIVE
LAKE PLACID, FL 33852

New Mailing Address:

FEI Number: 51-0627919

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

REAGAN, PATSY
1 LAKE GARDENS DRIVE
LAKE PLACID, FL 33852 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: PATSY REAGAN

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: DP () Delete
Name: REAGAN, PATSY
Address: 1 LAKE GARDENS DRIVE
City-St-Zip: LAKE PLACID, FL 33852

Title: DVP () Delete
Name: REAGAN, JAMES
Address: 1 LAKE GARDENS DRIVE
City-St-Zip: LAKE PLACID, FL 33852

Title: DTP () Delete
Name: REAGAN, MATTHEW J
Address: 1 LAKE GARDENS DRIVE
City-St-Zip: LAKE PLACID, FL 33852

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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: JAMES REAGAN

DVP

12/22/2009

Electronic Signature of Signing Officer or Director

Date