


2009 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P07000087534		
1. Entity Name GYS LAWN SERVICES, INC.		

FILED
09 SEP 23 PM 2: 26
SECRETARY OF STATE
TALLAHASSEE, FLORIDA



Principal Place of Business 7391 NW 37TH STREET #3 HOLLYWOOD, FL 33024 US	Mailing Address 7391 NW 37TH STREET #3 HOLLYWOOD, FL 33024 US
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2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

09212009 REIN-P CR2E098 (1/07)

4. FEI Number 260644314	Applied For Not Applicable
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5. Certificate of Status Desired	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent	
PEDREROS, GABRIEL A 7391 NW 37TH ST #3 HOLLYWOOD, FL 33024	

7. Name and Address of New Registered Agent	
Name	
Street Address (P.O. Box Number is Not Acceptable)	
City	
FL	Zip Code

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$300.00	In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P PEDREROS, GABRIEL A 7391 NW 37TH ST #3 HOLLYWOOD, FL 33024 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition 000160964140 09/23/09--01037--002 **300.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP ROJAS, ESTHER J 7391 NW 37TH ST #3 HOLLYWOOD, FL 33024 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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REINSTATEMENT 08-09
XC 9/23

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: _____ **09-21-09** **(954)2433445**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #