

2009 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# P07000127447

FILED
Apr 21, 2009
Secretary of State

Entity Name: LAWN MEDIC LANDSCAPES, INC.

Current Principal Place of Business:

375 CRESSIDA CIRCLE
SPRING HILL, FL 34609 US

New Principal Place of Business:

Current Mailing Address:

P O BOX 15806
BROOKSVILLE, FL 34604 US

New Mailing Address:

FEI Number: 26-1487402 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

SILVA, ALEX
375 CRESSIDA CIRCLE
SPRING HILL, FL 34609 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: ALEX SILVA

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: P () Delete
Name: SILVA, ALEX
Address: 375 CRESSIDA CIRCLE
City-St-Zip: SPRING HILL, FL 34609 US

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: VP () Change (X) Addition
Name: PLATT, TROY
Address: 13325 HAVERHILL DR
City-St-Zip: SPRING HILL, FL 34609

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: TROY PLATT

VP

04/21/2009

Electronic Signature of Signing Officer or Director

Date