

# **2009 FOR PROFIT CORPORATION REINSTATEMENT**

DOCUMENT# P07000131101

Entity Name: RPM LAWN SERVICES, INC.

**FILED**  
**Dec 09, 2009**  
**Secretary of State**

**Current Principal Place of Business:**

1409 FRUIT COVE FOREST ROAD SOUTH  
ST. JOHNS, FL 32259 US

**New Principal Place of Business:**

**Current Mailing Address:**

1409 FRUIT COVE FOREST ROAD SOUTH  
ST. JOHNS, FL 32259 US

**New Mailing Address:**

FEI Number: 26-1562314

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

SABRINA M. BATEH, P.A.  
241 ATLANTIC BLVD.  
NEPTUNE BEACH, FL 32266 US

**Name and Address of New Registered Agent:**

MORIN, RON B P  
1409 FRUIT COVE FOREST ROAD SOUTH  
ST. JOHNS, FLORIDA, FL 32259 US

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: RONALD B. MORIN

12/09/2009

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: MORIN, RON B  
Address: 1409 FRUIT COVE FOREST ROAD SOUTH  
City-St-Zip: ST. JOHNS, FL 32259 US

Title: VP ( ) Delete  
Name: MORIN, HILARY A  
Address: 1409 FRUIT COVE FOREST ROAD SOUTH  
City-St-Zip: ST. JOHNS, FL 32259 US

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

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: RONALD B. MORIN

P

12/09/2009

Electronic Signature of Signing Officer or Director

Date