

2006 FOR PROFIT CORPORATION REINSTATEMENT

FILED
Jun 04, 2006 8:00 A.M.
Secretary of State

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| DOCUMENT # P93000023560 | |
| 1. Entity Name SHARP EDGE LAWN MAINTENANCE INC | |



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| Principal Place of Business 2701 WASHINGTON RD. VALRICO, FL 33594-3306 | Mailing Address 2701 WASHINGTON RD. VALRICO, FL 33594-3306 |
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TALLAHASSEE, FLORIDA
REINSTATEMENT 05-06
10/14/05 01064 014 \$150.00
05162006 REIN-P CR2E098 (11/05)

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|--------------------------------|---------|---------------------|---------|
| 2. Principal Place of Business | | 3. Mailing Address | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | |
| City & State | | City & State | |
| Zip | Country | Zip | Country |

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| 4. FEI Number 59-3178156 | Applied For <input type="checkbox"/> Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required | |

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| 6. Name and Address of Current Registered Agent WIGGINS, LISA L 2701 WASHINGTON RD. VALRICO, FL 33594-3306 | |
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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.

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| SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable.</small> | (NOTE: Registered Agent signature required when reinstating) | DATE _____ |
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|------------------------------------|--|
| FILE NOW!!! FEE IS \$900.00 | |
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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 WIGGINS, LISA L 2701 WASHINGTON RD. VALRICO, FL 335943306 <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition 200076299992 06/16/06--01050--020 **150.00 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | V WIGGINS, CHARLES 2701 WASHINGTON RD. VALRICO, FL 335943306 <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.

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| SIGNATURE: _____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small> | 5/12/06 <small>Day</small> | 813 299-3798 <small>Daytime Phone #</small> |
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Dear Erna Peterson,

2/8/2

I Charles Wiggins talked the other day about my situation. I just want to thank you for helping me. I'm disabled. At the time I was in serious condition but just forgot I had to do this. I did mail in my 2005 letter. Which you said you had on record.

I'm still considered 100% disabled. But I am doing better. Again I just want to thank you again. I received 150⁰⁰ for 2006.

Thank You
Charles Wiggins
(813) 299-3798