

2004 FOR PROFIT CORPORATION REINSTATEMENT

APPROVED
AND
FILED

04 NOV -5 PM 12: 53

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

REINSTATEMENT

04

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10202004 REIN-P CR2E098 (6/04)

DOCUMENT # P94000036564 1. Entity Name LAWN ACCESSORIES, INC.					
Principal Place of Business 1202 S DIXIE HWY LANTANA, FL 33462		Mailing Address 1202 S DIXIE HWY LANTANA, FL 33462			
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 65-0499591	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
Applied For		Not Applicable			

6. Name and Address of Current Registered Agent ANDERSON, LINDA 1202 S DIXIE HWY LANTANA, FL 33467				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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B. 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 \$150.00
After January 1, 2005, Fee will be \$300.00

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11			
TITLE	D <input type="checkbox"/> Delete	ANDERSON, ROBERT		TITLE	Change <input type="checkbox"/> Addition <input type="checkbox"/>		
NAME		14169 BELMONT TRACE		NAME		100042521271 11/05/04--01040--012 ***150.00	
STREET ADDRESS		WELLINGTON, FL 33414		STREET ADDRESS			
CITY-ST-ZIP				CITY-ST-ZIP			
TITLE	D <input type="checkbox"/> Delete	ANDERSON, LINDA		TITLE	Change <input type="checkbox"/> Addition <input type="checkbox"/>		
NAME		14169 BELMONT TRACE		NAME			
STREET ADDRESS		WELLINGTON, FL 33414		STREET ADDRESS			
CITY-ST-ZIP				CITY-ST-ZIP			
TITLE	<input type="checkbox"/> Delete			TITLE	Change <input type="checkbox"/> Addition <input type="checkbox"/>		
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP				CITY-ST-ZIP			
TITLE	<input type="checkbox"/> Delete			TITLE	Change <input type="checkbox"/> Addition <input type="checkbox"/>		
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP				CITY-ST-ZIP			
TITLE	<input type="checkbox"/> Delete			TITLE	Change <input type="checkbox"/> Addition <input type="checkbox"/>		
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP				CITY-ST-ZIP			

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: Linda Anderson Date: 11/02/04

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR