PLEASE READ	ALL INSTRUCTIONS B	BEFORE COMPLETING THIS FORM.
APPLICATION FOR	FLORIDA DEPARTMENT Sandra B. Mortha Secretary of Sta	nam FILED
REINSTATEMENT	DIVISION OF CORPORA	, pr. 1
DOCUMENT # P9400086995 1. Corporation Name		
ARTISTIC LAWN CARE, INC.		SECRETARY OF STATE TALLAHASSEE, FLORIDA
Principal Place of Business	Mailing Address	
S329 STILES LANE PACE FL 32571	5329 STILES LANE PACE FL 32571	REINSTATEMENT 95-97
If above addresses are incorrect in any way, line thro	-	DO NOT WRITE IN THIS OF NOE
2. New Principal Office Address, If Applicable	3. New Mailing Office Address, If App	pplicable 4. Date Incorporated or Qualified To Do Business in Florida 11/28/1994
Suite, Apt. #, etc.	Suite, Apt. #, etc.	5. FEI Number Applied For
City & State	City & State	59-3978894 Not Applicable
Zip Country	Zip Country	CERTIFICATE OF STATUS DESIRED S8.75 Additional Fee require for a Certificate of Status
7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)		
Title(s) 2 Name of Officers and/or Directors Street Address of Each Officer and/or Director 3 (Do NOT Use Post Office Box Numbers) 4 City / State / Zip		
P Quetiss Sallas 5329 Stiles Ln Pace, FL 32571		
5 Cynthin Dallas 5329 Stiles LA PACE, FL 32571		
1		1000021232417
		-03/25/9701033013 ***1080.00 ***1080.00
f		
7		\$3-21-97
8. Name and Address of Current Registered Agent 9. Name and Address of New Registered Agent		
SALLAS, CYNTHIA H		
5329 STILES LANE		Street Address (P.O. Box Number is Not Acceptable)
PACE FL 32571		Suite, Apt. #, Etc.
City State Zip Code FL		
10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.		
Signature of Registered Agent Date 3-17-97		
11. If this corporation is a non-profit with I.R.S. 501(c)(3) tax exempt status, check this box diditional Information.)		
12. Does this corporation pay any intangible tax to the Dept. of Revenue under S. 199.032, Florida Statutes. Yes No		
13. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I release the Division of Corporations from any liability of non-compliance with Section 119.07(3)(k) in the event that the information supplied is deemed exempt from public access. I certify that I am an officer or director or the receiver or trustee empowered to execute this application as provided for in chapter 607 or 617, F.S., I further certify that when filing this reinstatement application the reason for dissolution has been eliminated, the corporate name satisfies the requirements of section 607.0401 or 617.0401, F.S., and that all fees owed by the corporation have been paid. The information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under eath.		
SIGNATURE: 3-17.97		

のといいのかのいのでは、最終的な実験を表現などを構造を置きませる。実施のは、大きのでは、一つのでは、「は、一般のでは、「のでは、「のでは、「のでは、「のでは、「のでは、「ないのでは、」のでは、「のでは、