

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

~~APPLICATION FOR REINSTATEMENT~~  **FLORIDA DEPARTMENT OF STATE**
OPINAR
 Secretary of State
 DIVISION OF CORPORATIONS

FILED
 99 NOV 17 PM 3: 29
 SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

DOCUMENT # P97000049048
 1. Corporation Name
MIKES LAWN SERVICE OF BREVARD, INC.

Principal Place of Business Mailing Address
 201 DOVER ST 201 DOVER ST
 SATELLITE BECH FL 32937 SATELLITE BECH FL 32937



If above addresses are incorrect in any way, line through incorrect information and enter correction below

2. Old Mailing Office Address, If Applicable	3. New Mailing Office Address, If Applicable	4. Date Incorporated or Qualified To Do Business in Florida 06/04/1997
Suite, Apt. #, etc. 727 North Dr. unit H	Suite, Apt. #, etc. 727 North Dr. unit H	5. FEI Number 59-3453762
City & State Melbourne FL	City & State Melbourne FL	Applied For Not Applicable
Zip 32934	Country Brevard	6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$8.75 Additional Fee required 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)

1. Title(s)	2. Name of Officers and/or Directors	3. Street Address of Each Officer and/or Director	4. City / State / Zip
P	VARCADIPANE, MICHAEL J	201 DOVER ST	SATELLITE BECH FL 32937

800003060018--5
 -12/03/99--01063--009
 ****150.00 ****150.00
SP

8. Name and Address of Current Registered Agent VARCADIPANE, MICHEL J 201 DOVER ST SATELLITE BECH FL 32937	9. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) Suite, Apt. #, Etc. City State Zip Code FL
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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: Michael Varcadipane Date: 11/15/99
 REGISTERED AGENT MUST SIGN

11. 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., that all fees owed by the corporation have been paid and the names of individuals listed on this form do not qualify for an exemption under section 119.07(3)(i), F.S. The information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.

SIGNATURE: Michael Varcadipane Michael Varcadipane 11/15/99 407-773-9592
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E040 (8/99)

11/15/99

Please WAVE The Late
fee on This Reinstatement.
I haven't Received Any
Annual Reports. This
Document was mailed to my
house and i didn't Recieve it
Till most Recently Thank You

Michael Vaulzi