APPLICATION FOR REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

Jim Smith

Secretary of State

DIVISION CF CORPORATIONS

P97000085740 DOCUMENT #

1. Corporation Name

LUSTER LAWN MAINTENANCE OF NAPLES, INC.

Mailing Address Principal Place of Business -2125 - 41ST ST. S.W. -2125 - 413T ST. S.W. NAPLES FL 34116 NAPLES FL 34116

FILED

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SECRETARY OF STATE TALLAHASSEE, FLORIDA



If above) (S.) ddresses are	incorrect in any way, line	through inchrect	information and	enter Grection below.	\$ iik=11	0.0.0%, 8.9. # 8 GP98A	00290 a 0 0	
2. New Principal Office Address, If Applicable Suite, Apt. #, etc.			3. New Mailing Office Address, If Applicable			4. Date Inc. To Do Bi	Date incorporated or Qualified To Do Business in Florida 10/02/1997		
			Suite, Apt. #, etc.			5. FEI Num	65-0789032	Applied For	
City & State			City & State Zip Country				Not Applicable		
Zip Country		Country			6. S8.75. Additional Fee require for a Certificate of Status				
7. Names	and Street Ad	dresses of Each Officer	and/or Director (Fl	orida nonprofit	corporations must list at	least 3 directors)			
Title(s)	Name of Officers and/or Directors		Street Address of Each Officer and/or Director		City / State / Zip 4				
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8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

LUSTER, CATHY L 360 - 13TH ST. N.W.

NAPLES FL 34120

State

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. or 617.0505, F.S.

Signature of Registered Agent

UKE 7751 II 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Daytime Phone #