

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
 Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

FILED

99 NOV -1 PM 5:27

SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

DOCUMENT # P98000064730

1. Corporation Name

STANLEY LAWN CARE, INC.

Principal Place of Business

Mailing Address

1785 HARLOCK
 MELBOURNE FL 32934

1785 HARLOCK
 MELBOURNE FL 32934



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

2. New Principal Office Address, If Applicable 314 HOLLY LANE Suite, Apt. #, etc.		3. New Mailing Office Address, If Applicable 314 HOLLY LANE Suite, Apt. #, etc.		4. Date Incorporated or Qualified To Do Business in Florida 07/21/1996	
City & State MELBOURNE, FLORIDA		City & State MELBOURNE, FLORIDA		5. FEI Number 59-3523754 Applied For Not Applicable	
Zip 32901		Zip 32901		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
D/P/T	MICHAEL S. STANLEY	314 HOLLY LANE	MELBOURNE, FL 32901
D/S	LISA MULLINS-STANLEY	314 HOLLY LANE	MELBOURNE, FL 32901

100003039031 -- 3
 -11/09/99--01013--020
 ***750.00 ***750.00

8. Name and Address of Current Registered Agent STANLEY, MICHAEL S 1785 HARLOCK MELBOURNE FL 32934		9. Name and Address of New Registered Agent Name STANLEY, MICHAEL S. Street Address (P.O. Box Number is Not Acceptable) 314 HOLLY LANE Suite, Apt. #, Etc. City MELBOURNE State FL Zip Code 32901	
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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 Date 10/28/99
 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: 10/28/99 (407)728-0542
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #