
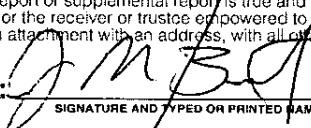


# 2005 FOR PROFIT CORPORATION REINSTATEMENT

<b>DOCUMENT # P98000068858</b>						<b>FILED</b> <b>05 FEB 16 AM 11:42</b> SECRETARY OF STATE TALLAHASSEE, FLORIDA <b>REINSTATEMENT 04-05</b>	
1. Entity Name <b>CLEAN CUT LAWN &amp; LANDSCAPING SERVICE OF NORTH FLORIDA, INC.</b>				Principal Place of Business <b>8678 BISHOPSWOOD DR JACKSONVILLE, FL 32244</b>			
2. Principal Place of Business Suite, Apt. #, etc. City & State Zip				Mailing Address <b>1286 Foxmeadow Trail</b> Suite, Apt. #, etc. <b>Middleburg, FL 32068</b> City & State Zip			
Country <b>USA</b>		4. FEI Number <b>59-3554536</b>		Applied For <input type="checkbox"/> Not Applicable			
5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75 Additional Fee Required</b>		01312005 REIN-P CR2E098 (6/04)			
6. Name and Address of Current Registered Agent <b>BARTZ, J.M. 1286 FOXMEADOW TRL MIDDLEBURG, FL 32068-3220</b>				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City			
8. 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 _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>			
<b>FILE NOW!!! FEE IS \$300.00</b>				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 NAME STREET ADDRESS CITY-ST-ZIP <input type="checkbox"/> Delete				TITLE NAME STREET ADDRESS CITY-ST-ZIP <input type="checkbox"/> Change <input type="checkbox"/> Addition			
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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; 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: 				SIGN HERE			
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR				Date <b>904/237-0952</b>			