

# 2005 FOR PROFIT CORPORATION REINSTATEMENT

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

05 FEB 21 AM 9:25

DOCUMENT # P98000080152

1. Entity Name  
CLASSY CUTS LAWN CARE, INC.



Principal Place of Business  
BEL-AIRE  
B22 APT 105  
SAINT PETERSBURG, FL 33742

Mailing Address  
P.O. BOX 20011  
SAINT PETERSBURG, FL 33742

**REINSTATEMENT** 04-05



2. Principal Place of Business  
4633 70th Ave. N.  
Suite, Apt. #, etc.  
House

3. Mailing Address  
Suite, Apt. #, etc.

01272005 REIN-P CR2E098 (6/04)

City & State  
Pinellas Park Fl.  
Zip  
33781  
Country  
Pinellas

City & State  
Zip  
Country

4. FEI Number  
59-3537454  
Applied For  
No: Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

MONROE, ROY F  
1200-102ND AVE N  
APT B22-105  
SAINT PETERSBURG, FL 33742

Name Roy Monroe  
Street Address (P.O. Box Number is Not Acceptable)  
4633 70th Ave. N.  
City Pinellas Park FL Zip Code 33781

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$300.00**

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                      | P                          | <input type="checkbox"/> Delete | TITLE                                                 | <input type="checkbox"/> Change | <input type="checkbox"/> Addition |
| NAME                       | MONROE, ROY F              |                                 | NAME                                                  |                                 |                                   |
| STREET ADDRESS             | 1200 102ND AVE N S         |                                 | STREET ADDRESS                                        |                                 |                                   |
| CITY-ST-ZIP                | SAINT PETERSBURG, FL 33742 |                                 | CITY-ST-ZIP                                           |                                 |                                   |
| TITLE                      |                            | <input type="checkbox"/> Delete | TITLE                                                 | <input type="checkbox"/> Change | <input type="checkbox"/> Addition |
| NAME                       |                            |                                 | NAME                                                  |                                 |                                   |
| STREET ADDRESS             |                            |                                 | STREET ADDRESS                                        |                                 |                                   |
| CITY-ST-ZIP                |                            |                                 | CITY-ST-ZIP                                           |                                 |                                   |
| TITLE                      |                            | <input type="checkbox"/> Delete | TITLE                                                 | <input type="checkbox"/> Change | <input type="checkbox"/> Addition |
| NAME                       |                            |                                 | NAME                                                  |                                 |                                   |
| STREET ADDRESS             |                            |                                 | STREET ADDRESS                                        |                                 |                                   |
| CITY-ST-ZIP                |                            |                                 | CITY-ST-ZIP                                           |                                 |                                   |
| TITLE                      |                            | <input type="checkbox"/> Delete | TITLE                                                 | <input type="checkbox"/> Change | <input type="checkbox"/> Addition |
| NAME                       |                            |                                 | NAME                                                  |                                 |                                   |
| STREET ADDRESS             |                            |                                 | STREET ADDRESS                                        |                                 |                                   |
| CITY-ST-ZIP                |                            |                                 | CITY-ST-ZIP                                           |                                 |                                   |
| TITLE                      |                            | <input type="checkbox"/> Delete | TITLE                                                 | <input type="checkbox"/> Change | <input type="checkbox"/> Addition |
| NAME                       |                            |                                 | NAME                                                  |                                 |                                   |
| STREET ADDRESS             |                            |                                 | STREET ADDRESS                                        |                                 |                                   |
| CITY-ST-ZIP                |                            |                                 | CITY-ST-ZIP                                           |                                 |                                   |

900047505519  
03/01/05--01050--002 \*\*300.00

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; and 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: \_\_\_\_\_  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-16-05  
Date

Daytime Phone #