

# 2006 FOR PROFIT CORPORATION REINSTATEMENT


FILED

07 JAN 11 AM 9:26

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



11022006 REIN-P CR2E098 (11/05)

DOCUMENT # P98000080152			
1. Entity Name CLASSY CUTS LAWN CARE, INC.			
Principal Place of Business 4633 70TH AVENUE NORTH PINELLAS PARK, FL 33781		Mailing Address P.O. BOX 20011 SAINT PETERSBURG, FL 33742	
2. Principal Place of Business 3246 55 Ave. N.		3. Mailing Address 3246 55 Ave. N.	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State St. Pete. FL		City & State St. Pete. FL	
Zip 33714		Zip 33714	
Country Pinellas		Country Pinellas	
4. FEI Number 59-3537454		Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent MONROE, ROY F 4633 70TH AVENUE NORTH PINELLAS PARK, FL 33781		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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: <i>Roy F. Monroe</i> Signature typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE			
FILE NOW!!! FEE IS \$750.00 After January 1, 2007, Fee will be \$905.00		Did NOT receive notices for ANNUAL report	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP P MONROE, ROY F 1200 102ND AVE N'S SAINT PETERSBURG, FL 33742		TITLE NAME STREET ADDRESS CITY-ST-ZIP 700082256107 12/04/06--01050--018 **758.75	
TITLE NAME STREET ADDRESS CITY-ST-ZIP 3246 55 AVE. NORTH St. Petersburg, FL 33714		TITLE NAME STREET ADDRESS CITY-ST-ZIP 700082256107 01/23/07--01020--001 **150.00	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: <i>Roy F. Monroe</i> Signature AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		11-16-06 727743-6071 Date Daytime Phone #	

As per telephone conversation with Mr. Roy Monroe.

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FLORIDA DEPARTMENT OF STATE  
Division of Corporations

December 5, 2006

CLASSY CUTS LAWN CARE, INC.  
P.O. BOX 20011  
SAINT PETERSBURG, FL 33742

SUBJECT: CLASSY CUTS LAWN CARE, INC.  
Ref. Number: P98000080152

We have received your document for CLASSY CUTS LAWN CARE, INC. and your check(s) totaling \$758.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

List the complete title, name, street address, city, state and zip code of each officer/director of the corporation.

Please note that an additional \$150 must be submitted to cover the fees for the year 2007 if your reinstatement is not returned prior to January 1, 2007.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6059.

Barbara Mitchell  
Document Specialist

Letter Number: 406A00069633