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APPROVED AND FILED

06 AUG - 7 PM 12:47  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA.

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION**  **FLORIDA DEPARTMENT OF STATE**  
Secretary of State  
DIVISION OF CORPORATIONS

2006 AR

**DOCUMENT #** P99000001853  
1. Corporation Name  
**R-Lawn Service, Inc**

<b>2. Principal Office Address</b> 2602 SW 64th Court		<b>3. Mailing Office Address</b> 2602 SW 64th Court	
Suite, Apt. #, etc. n/a		Suite, Apt. #, etc. n/a	
City & State Palm City, FL		City & State Palm City	
Zip 34990	Country USA	Zip 34990	Country USA

**4. Date Incorporated or Qualified To Do Business in Florida**

**5. FEI Number** 650895166  
Applied For   
Not Applicable

**6. CERTIFICATE OF STATUS DESIRED**  \$8.75 Additional Fee required for a Certificate of Status

**7. Name and Address of Current Registered Agent**

Name  
**Brett Raflowitz**

Street Address (P.O. Box Number is Not Acceptable)  
**2602 SW 64th Court**

Suite, Apt. #, Etc.

City  
**Palm City**

State  
**FL**

Zip Code  
**34990**

**8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.**

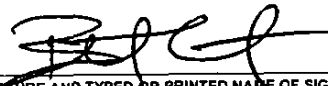
Signature of Registered Agent \_\_\_\_\_ Date \_\_\_\_\_  
REGISTERED AGENT MUST SIGN

**9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)**

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
Pres	Brett Raflowitz	2602 SW64th Court	Palm City, FL 34990

800078620168  
08/11/06 01011-007 \*\*150.00

**10. 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 contained in Chapter 119, 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:**  **7/31/06**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

890



2602 SW 64th Court  
Palm City, FL 34990  
Phone: 772-221-0707  
Toll free 1-888-815-LAWN

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Friday, August 04, 2006

Florida Department of State:

To Whom it may Concern:

We have enclosed the form for reinstatement of our corporation. Unfortunately we never received a notice and subsequently never filed with your office. After speaking with your office we were advised to send in the reinstatement form along with a check for \$150. Thank you for your consideration in this matter.

Thank You,

  
Brett Raflowitz