

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

73192
FILED

00 APR 17 AM 10:36

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



98-00AR
FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # H 70159

1. Corporation Name

TOP NOTCH TREE SERVICE +
LANDSCAPING INC.

2. Principal Office Address

14930 SMITH SUNSHY RD.

3. Mailing Office Address

SAME

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

DELRAY BEACH, FL.

City & State

Zip

33446

Country

FLORIDA

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

5. FEI Number

59-2595241

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

JOHN ROSS

Street Address (P.O. Box Number is Not Acceptable)

4780 GLENN PINE LANE

Suite, Apt. #, Etc.

900003225169

04/26/00-01078-000

****450.00 ****450.00

City

BOYNTON BEACH

State

FL

Zip Code

33436

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

JOHN ROSS (REG. AGENT)

Date

3/22/2000

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

John Ross

4780 Glenn Pine Lane

Boynton Bch, FL 33436

2nd

James Ross

14930 Smith Sunshy Rd

DeLray Bch, FL 33446

98-00AR TS

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 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:

JOHN ROSS

Date

Daytime Phone #

561-243-4684