

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE  
**Glerida E. Hood**  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

03 DEC -1 AM 11:47

SECRETARY OF STATE  
TALLAHASSEE FLORIDA

DOCUMENT # **P02000014953**

1. Corporation Name

**ATLANTIC EXPERT LANDSCAPE & TREE SERVICES, INC.**

Principal Place of Business

Mailing Address

5891 SO. MILITARY TRAIL, #5A  
LAKE WORTH FL 33463

5891 SO. MILITARY TRAIL, #5A  
LAKE WORTH FL 33463



**REINSTATEMENT** -03

If above addresses are incorrect in any way, line through incorrect information and enter correction below

2. New Principal Office Address, If Applicable		3. New Mailing Office Address, If Applicable		4. Date Incorporated or Qualified To Do Business in Florida	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		02/08/2002	
City & State		City & State		5. FEI Number	
Zip		Country		37-1419678	
				Applied For	
				Not Applicable	
				6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/>	
				\$8.75 Additional Fee required for a Certificate of Status	

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

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
D	TRHLIN, JON DANIEL	5891 SO. MILITARY TRAIL, #5A	LAKE WORTH FL 33463
D	ROBINE, CRAIG EDWARD	5891 SO. MILITARY TRAIL, #5A	LAKE WORTH FL 33463

700024565347  
11/10/03 01069 013 \*\*150.00

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

TRHLIN, JON DANIEL 5891 SO. MILITARY TRAIL, #5A LAKE WORTH FL 33463	Name	
	Street Address (P.O. Box Number is Not Acceptable)	
	Suite, Apt. #, Etc.	
	City	State <b>FL</b>
		Zip Code

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S. or 617.0505, F.S.

Signature of Registered Agent

*Jon D. Trhlin*  
REGISTERED AGENT MUST SIGN

Date

Nov. 3<sup>rd</sup> 2003

11. 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:

*Jon D. Trhlin*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Nov. 3<sup>rd</sup> 2003 561-767-6492

Daytime Phone #

CR2E040 (7/03)

**ATLANTIC, EXPERT LANDSCAPE  
& TREE SERVICES, INC.**

**November 3, 2003**


**Department of State  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32399**

Dear Sir or Madam:

Your attention is requested to waive the reinstatement fee for the recent dissolution of incorporation of Atlantic Expert Landscape & Tree Services, INC. The prior UBR notices were not received.

Thank you for your prompt attention to this matter.

Sincerely,

A handwritten signature in black ink, appearing to read "Jon Daniel Trhlin". The signature is stylized and written over a horizontal line.

**Jon Daniel Trhlin  
President**