

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

2007 OCT 16 AM 9:08

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **PO3000133833**

1. Corporation Name
DANTONA TREE SERVICE INC

2. Principal Office Address - No P.O. Box #

895 Nixon Ln

Suite, Apt. #, etc.

3. Mailing Office Address

895 Nixon Ln

Suite, Apt. #, etc.

City & State

Port Orange FL

City & State

Port Orange FL

Zip

32129

Country

USA

Zip

32129

Country

USA

4. Date Incorporated or Qualified
To Do Business in Florida

11-17-2003

5. FEI Number

52-2415846

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

REEBER, SHANNON M

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

895 Nixon Ln

Suite, Apt. #, Etc.

City

Port Orange

State

FL

Zip Code

32129

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

[Signature]

Date

10-10-07

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
P	Alexander H Reeber	895 Nixon Ln	Port Orange FL 32129
VP	Shannon M Reeber	895 Nixon Ln	Port Orange FL 32129

500110866885

10/16/07-01058-028 **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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

[Signature]

Date

10-10-07

Daytime Phone #

(386) 527-9007

10/17/07