

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT



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

FILED

03 OCT 31 PM 1:38

SECRETARY OF STATE  
 TALLAHASSEE, FLORIDA

DOCUMENT # P02000126296

1. Corporation Name

T & Y MCDUGALD TREE TRIMMING & YARD SERVICES, I NC.

Principal Place of Business

Mailing Address

2036 7TH CT., SW  
 VERO BCH FL 32962

2036 7TH CT., SW  
 VERO BCH FL 32962

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

*same*  
 Suite, Apt. #, etc.

*same*  
 Suite, Apt. #, etc.

City & State

City & State

Zip Country

Zip Country

**REINSTATEMENT 03**

4. Date Incorporated or Qualified To Do Business in Florida

11/22/2002

5. FEI Number

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED

\$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	MCDUGALD, TOMMY	2036 7TH CT., SW	VERO BCH FL 32962
D	MCDUGALD, YVETTE	2036 7TH CT., SW	VERO BCH FL 32962

200024383132  
 11/03/03--01077--010 \*\*750.00

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

GOULD, CHARLES H  
 2127-10TH.AVE.  
 VERO BCH FL 32960

Name *same*  
 Street Address (P.O. Box Number is Not Acceptable)  
 Suite, Apt. #, Etc.  
 City State Zip Code  
 FL

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

*[Signature]*  
 REGISTERED AGENT MUST SIGN

Date

10/30/03

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)(l), 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:

*Yvette McDougald*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*Yvette McDougald* (772) 713-4113  
 Date 10-30-03 Daytime Phone #

CR2E040 (7/03)