


FILED

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PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION REINSTATEMENT				FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # F02000000673					
1. Corporation Name ABC Professional Tree Services, Inc					
2. Principal Office Address - No P.O. Box # 4831 Old Galveston Rd			3. Mailing Office Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State Houston, TX			City & State		
Zip 77017	Country USA	Zip	Country	4. Date Incorporated or Qualified To Do Business In Florida 01/24/2002	
5. FEI Number 760686297		Applied For		Not Applicable	
6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/>					
7. Name and Address of Current Registered Agent					
Name Corporation Service Company					
Street Address (P.O. Box Number is Not Acceptable) 1201 Hays Street					
Suite, Apt. #, Etc.					
City Tallahassee	State FL	Zip Code 32301	<input type="checkbox"/> The reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the reinstatement fee be waived.		
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 <i>Carina L. Dunlap</i>		Name Carina L. Dunlap		Date 10/12/09	
REGISTERED AGENT MUST SIGN Asst. Vice President					
9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)					
Title	Name of Officers and/or Directors	Street Address of Each Officer and/or Director		City / State / Zip	
President	Rocio Jasso	4831 Old Galveston Rd		Houston TX 77017	
VP	Martin Jasso	"		"	
CEO	Martin Arriola	"		"	
REINSTATEMENT RH					
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: <i>Rocio Jasso</i>		Date 10/9/09		Daytime Phone # 713644-0706	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					

Florida Department of State
Division of Corporations
Public Access System

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Division of Corporations
Fax Number : (850)617-6384

From:

Account Name : CORPORATION SERVICE COMPANY
Account Number : 120000000195
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CORPORATION REINSTATEMENT

ABC PROFESSIONAL TREE SERVICES INC.

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