

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Apr 12, 2002 8:00 A.M
Secretary of State

DOCUMENT # J54464

1. Corporation Name

Larry's Tree Service, Inc.

2. Principal Office Address

12876 154 Road North

3. Mailing Office Address

12876 154 Road North

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Jupiter, FL

City & State

Jupiter, FL

Zip

33478

Country

USA

Zip

33478

Country

USA

**4. Date Incorporated or Qualified
To Do Business in Florida**

01-30-87

5. FEI Number

65-0244403

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

Scott Trauth

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

12876 154 Road North

Suite, Apt. #, Etc.

City

Jupiter

State

FL

Zip Code

33478

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**

REGISTERED AGENT MUST SIGN

Date 4-9-02

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	Scott Trauth	12876 154 Road North	Jupiter- FL 33478
V/S	Kathie J. Trauth	12876 154 Road North	Jupiter FL 33478

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-9-02

Date

561-741-1516

Daytime Phone #

CR2E081 (9/01)