

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



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

FILED

02 MAY 24 AM 9:00

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT #J82780

1. Corporation Name
BRENNAN'S TREE SERVICE, INC.

2. Principal Office Address
**3074 KIRK STREET
MIAMI, FL 33133**

Suite, Apt. #, etc.

City & State

MIAMI, FL

Zip
33133

Country
USA

3. Mailing Office Address
**3074 KIRK STREET
MIAMI, FL 33133**

Suite, Apt. #, etc.

City & State

MIAMI, FL

Zip
33133

Country
USA

4. Date Incorporated or Qualified
To Do Business in Florida **07/07/1987**

5. - FEI Number
59-2830033

Applied For
Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐ \$8.75 Additional Fee required
for a Certificate of Status

REINSTATEMENT 94-02

7. Name and Address of Current Registered Agent

Name

ROBERT D. BRENNAN

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

3074 KIRK STREET

Suite, Apt. #, Etc.

City
MIAMI

State
FL

Zip Code
33133

300005728519--0

-06/10/02--01051--015

*****1950.00 ***1950.00**

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

Robert D. Brennan

REGISTERED AGENT MUST SIGN

Date **5/24/02**

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
P	ROBERT D. BRENNAN	3074 KIRK STREET	MIAMI, FL 33133
			1800.00 - Adm
			61.25 - AR
			88.75 - Adm

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)(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: ROBERT D. BRENNAN

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Robert D. Brennan

Date

5/24/02 (305) 858-3286

Daytime Phone #

CR2E081 (9/01)