PLEASE READ ALL INSTRUCTIONS DEFORE COMPLETING THIS FORM.

	ORATI STATEM			5	Secretary	TMENT OF S y of State orporations	TATE			FILED JUN 12 AM		
DOCUMENT # K36953 1. Corporation Name								SEURETARY OF STATE TALLAHASSEE, FLORIDA				
Best Lawn and Tree Service Inc.												
	Office Addre			3. Mailing Office Address				.		بهداع والمستوال الراران	∽	
19920 Holiday Drive Suite, Apt. #, etc.				19920 Holiday Drive				1. R. S. A. I. S. R. S.				
3								4. Date Incorporated or Qualified To Do Business in Florida 10/06/1988				
City & State Miami, Florida				City & State Miami, Florida				5. FEI Numbe	5. FEI Number			
^{zip} 33189	USA		^{Zip} 33189		USA		6. CERTIFICATE	CERTIFICATE OF STATUS DESIRED S8.75 Additional for a Certification			ee required of Status	
	7. Name and Address of Current Registered Agent											
	Mark Staes											
	1명920°Holiday Drive											
	Suite, Apt. #, Etc.											
	Мі́аті						•		State FL	33189		
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 Date Page 9/22/05												
9. Names	and Street Ad	idresses	of Each Officer and	d/or Director (Flo	orida nonpro	fit corporations mu	stilst at le	ast 3 directors)				
Titles		Officer	Name of s and/or Directors	Street Address of Each Officer and/or Director			City / State / Zip					
Р	Mark \$	Stae	S	19920 Holiday Driv				⁄e	Miami, Florida 33189			
	75/15								01 01 0 8/05-	J59898 -0104200	3993 9 **75().00
	.							3	001	05989	8993	3
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 filling 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 Date Daytime Phone #												

CBest Tree and Lawn Service Inc. 19971 SW 79th Ave Miami, Florida 33189

Florida Division of Corporations PO Box 6327 Tallahassee, Florida 32314

Re: Reinstatement of Best Tree and Lawn Service Inc.

Dear Sirs:

Attached please find a completed Florida Corporate Reinstatement Form and a check payable to the Division of Corporations for \$750.00

Please be aware that I have not included the \$600 reinstatement fee amount in the attached check, because I have never received the standard Annual Uniform Business Report Form.

The address listed in the Division of Corporation's records 9605 Nassau Drive, Miami, Florida 33189, was the prior address of the company. We moved to our present location about 10 years ago. I had the mail forwarded to the new location but I have never received the Annual Uniform Business Report Form. I was not even aware of that there was an annual filing requirement.

I believe that, based upon the facts and circumstances explained in the previous paragraph, that I qualify for the waiver of the reinstatement fee. Therefore, I request that you process the attached application, the payment for all the unpaid fees, and reinstate the corporation, effectively immediately.

Sincerely

Mark Staes President