

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION
REINSTATEMENTFLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

11 OCT 21 PM 4:03

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 1572811

1. Corporation Name

Deerfield & LAMON TREE SERVICE, INC.

2. Principal Office Address - No P.O. Box #

242 S.W. 1st Court

Suite, Apt. #, etc.

3. Mailing Office Address

Same

Suite, Apt. #, etc.

City & State

Deerfield Beach, FL

City & State

Zip

33441

Country

U.S.

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

3/11/89

5. FEI Number

65-0103220

Applied For

Not Applicable

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

7. Name and Address of Current Registered Agent

Name

ERNEST THOMPSON

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

242 S.W. 1st Court

Suite, Apt. #, Etc.

City

Deerfield Beach

State

FL

Zip Code

33441

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 807.0505 or 617.0503, F.S.

Signature of
Registered Agent

Date

11/11/11

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
VP	Conley J. Thompson	242 S.W. 1 st Court	Deerfield Beach, FL 33441

REINSTATEMENT

B 10/21/11
10-11

10. E-mail Address:

(To be used for future annual report notification)

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 807.0401 or 617.0401, F.S., and that all fees owed by the corporation have been paid. I further certify, the information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s. 817.155, F.S.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

10/11/11 154520-228

Daytime Phone #