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PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Jill Smith
Secretary of State
DIVISION OF CORPORATIONS

FILED

1. DOCUMENT # L01000018012

Name and Mailing Address

03 APR 15 PM 2:43

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

0009471 01 FP 0.352 **PRSR H2 0 0615 32317-630505

PROFESSIONAL TREE AF SERVICES, LLC
PO BOX 16305
TALLAHASSEE FL 32317-6305



2. New Mailing Address SAME City, State, Zip SAME		4. State/Country of Formation FL	
Principal Place of Business PO BOX 16305 TALLAHASSEE FL 32317		5. Date Organized or Qualified To Do Business in Florida 10/16/2001	
3. New Principal Place of Business Address City, State, Zip SAME		6. FEI Number 58-2486370 Applied For Not Applicable	
8. Name and Address of Current Registered Agent MARTINEZ, ANDREW 3053 BANKS RD. TALLAHASSEE FL 32309		7. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$5.00 Additional Fee required for a Certificate of Status	
9. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) SAME City FL Zip Code			
10. I, being appointed the registered agent of the above named limited liability company, am familiar with and accept the obligations of Chapter 608, F.S. Signature of Registered Agent ANDREW MARTINEZ Date 2-10-03 REGISTERED AGENT MUST SIGN			
11. Names and Street Addresses of Each Managing Member/Manager			
Title(s)	Name of Managing Members/Managers	Street Address of Each Managing Member/Manager	City / State / Zip
MGRM	ANDREW MARTINEZ	3053 BANKS RD	TALL, FL 32309
	OWNER/GRAL MNGR	TALLAHASSEE, FL 32309	TALL, FL 32309
		300012592063 02/17/03--01041--004 **200.00	
		REINSTATEMENT 02-03	
12. I certify that I am managing member/manager or the receiver or trustee empowered to execute this application as provided for in chapter 608, F.S. I further certify that when filing this reinstatement application the reason for dissolution has been eliminated, the limited liability company name satisfies the requirements of section 608.406, F.S., and that all fees owed by the limited liability company have been paid. 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 of Managing Member/Manager		Date	Daytime Phone #
		2-10-03	250-425-1353
Typed or printed name of signing Managing Member/Manager			

CR2E084 (8/02)