## PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

COMPANY	A DEPARTMENT OF STATE Secretary of State VISION OF CORPORATIONS		FILED 14 APR 29 AM 9		
DOCUMENT # 120000267.00		SECRETARY OF STATE TALLAHASSEE, FLORIDA			
Timber Line Tree Service, UC  2. Principal Office Address - No P.O. Box # 3. Mailing Office Address		CR2E041 (1/14)			
5118 Studio Dr		4. State/Country of Formation F101100 - USA			
ite, Apt. #, etc. Suite, Apt. #, etc.		FIOTIME - WOTT  5. Date Organized or Qualified To Do Business in Florida			
City & State Zephyrhills Flo	phyrhills Florida		6. FEI Number Applied For Not Applicable		
33542 Pasco Zip	Country	. 7. CERTIFICATE OF STATUS DESIRED . \$5.00 Additional Fee required for a Certificate of Status			
Name and Address of Current Registered Agent  Name					
Danielle Grara'a Street Address (P.O. Box Number is Not Acceptable)					
5116 Studio Dr Suite, Apt. #. Etc.		- 200259617132 04/29/1401024009 **377.50			
City Zephyrh//s FL 33S/Z		U4/6	(3/140102400)	##3((.5U	
9. I, being appointed the registered agent of the above named limited liability company, am familiar with and ac Signature of Registered Agent  REGISTERED AGENT MUST SIGN			ations of Chapter 605, F.S.	3-14	
10. Names and Street Addresses of Authorized Representatives/Managers					
Titles Name of Street Address of E Authorized Representatives/ Managers Manager			City / State / Zip		
MGR Danielle Garag	5118 Studi	o Dr	r z-hills FL 33542		
Mal Joseph Whyte	5118 Studio	Dr	Z-hills F	1 335 12	
MAY - 2 2014 REINS		TATE	MENT <sup>2</sup>	013-	
L. SELLERS			(	2014	
11. E-mail Address: + Maneg 4 (a) gmail, com					
(To be used for future annual report notifications)  12. I certify that I am an authorized representative/manager or the receiver or trustee empowered to execute this application as provided for in Chapter 608, F.S. I further certify that when filling this reinstatement application the reason for dissolution has been eliminated, the limited liability company name satisfies the requirements of section 605.0012, F.S., and					
that all fees owed by the limited liability company beverbeen 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. I am aware that false ipromation submitted to the Department of State constitutes a third degree felony as provided in s. 817.155, F.S.  Signature of					
Authorized Representative/Manager Date 4.3.14 Daytime Phone # 013.7971.3050  Typed or printed name of signing Authorized Representative/Manager					