

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Glenda E. Hood
Secretary of State
DIVISION OF CORPORATIONS

FILED

03 DEC 15 PM 12:46

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **L53522**

1. Corporation Name

TIMBER TOPPERS TREE SERVICE, INC.

DBA The Driveway Man

Principal Place of Business

Mailing Address

8015 VERNA BETHANY ROAD
MYAKKA CITY FL 34251

8015 VERNA BETHANY ROAD
MYAKKA CITY FL 34251

REINSTATEMENT 03



500025490095

12/15/03--01013--026 **750.00

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

4. Date Incorporated or Qualified
To Do Business in Florida

02/26/1990

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

65-0191354

Applied For

Not Applicable

City & State

City & State

Zip

Country

Zip

Country

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
PVDS	REIGLE, SHIRLEY B.	8015 VERNA BETHAM RD	MYAKKA CITY FL 34251
Vicpres	Reigle, Alan J	8015 Verna Bethany Rd	Myakka City FL 34251

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

REIGLE, SHIRLEY B
8015 VERNA BETHANY ROAD
MYAKKA FL 34251

Name

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

Suite, Apt. #, Etc.

City

State
FL

Zip Code

CR2E040 (7/03)

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S. or 617.0505, F.S.

Signature of
Registered Agent

Shirley B Reigle
REGISTERED AGENT MUST SIGN

Date **12-3-03**

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 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:

Shirley B Reigle Pres
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

9413221970