PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT	FLORIDA DEPARTMENT OF STATE **Katherine Harris** Secretary of State DIVISION OF CORPORATIONS

DOCUMENT #   P00000000870

1. Corporation Name

K&S TREE SERVICE, INC.

FILED

01 OCT 15 AM 9: 40

SECRETARY OF STATE
TALLAHASSEE FLORIDA

Principal Place of Business	Mailing Address
1821-6 PARENTAL HOME RD JACKSONVILLE FL 32216	P O BOX 16952 JACKSONVILLE FL 32245-6952

2001 ✗WM

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 01/01/2000
Suite, Apt. #, etc.	Suite, Apt. #, etc.	5. FEI Number 36-4339097 ☐ Applied For ☐ Not Applicable
City & State	City & State	6. CERTIFICATE OF STATUS DESIRED ☐ $8.75 Additional Fee required for a Certificate of Status
Zip	Country	Zip	Country	

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

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
PVST	KEEN, WILLIAM N	1821-6 PARENTAL HOME RD	JACKSONVILLE FL 32216
D	KEEN, WILLIAM N	1821-6 PARENTAL HOME RD	JACKSONVILLE FL 32216
		500004669125--4 -11/06/01--01060--009 ****750.00 ****750.00	

8. Name and Address of Current Registered Agent	9. Name and Address of New Registered Agent
KEEN, WILLIAM N 1821-6 PARENTAL HOME RD JACKSONVILLE FL 32216	Name _____ Street Address (P.O. Box Number is Not Acceptable) _____ Suite, Apt. #, Etc. _____ City _____ State **FL** Zip Code _____

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.

Signature of Registered Agent _____   Date _10/13/01_
REGISTERED AGENT MUST SIGN

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: _____   _10/13/01_ _904-797-8891_
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #

CR2E040 (8/01)