

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

Katherine Harris
Secretary of State

DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

01 OCT 15 PM 4:43

DOCUMENT # P00000060067

1. Corporation Name

SUNSHINE STATE TREES, INC.

Principal Place of Business

8213 KESEY COURT
JACKSONVILLE FL 32244

Mailing Address

8213 KESEY COURT
JACKSONVILLE FL 32244

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

2. New Principal Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

3. New Mailing Office Address, if Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

06/15/2000

SP

5. FEI Number

59-3657002

Applied For

Not Applicable

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)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
Pres.	Ronald D. Wahl	8213 Kesey Court	Jacksonville, FL 32244
V. Pres.	Ronald D. Wahl	8213 Kesey Court	Jacksonville, FL 32244
Secre.	Ronald D. Wahl	8213 Kesey Court	Jacksonville, FL 32244
Treas.	Ronald D. Wahl	8213 Kesey Court	Jacksonville, FL 32244
			700004657887--1 -10/23/01--01087-019 ****750.00 ****750.00

8. Name and Address of Current Registered Agent

GOODMAN, JONATHAN H ESQ
1377 CASSAT AVENUE
JACKSONVILLE FL 32205

9. Name and Address of New Registered Agent

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 10-12-01

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:

Ronald D. Wahl
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10-12-01

Date

545-7219

Daytime Phone #

CR2E040 (8/01)