

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

05 APR 21 AM 10:50

SECRET  
TALLAHASSEE, FLORIDA

DOCUMENT # P00000081333

1. Corporation Name

TOP Branch Tree Service and  
landscaping Inc.

2. Principal Office Address

1644 Jackson St.

3. Mailing Office Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Hollywood FL

City & State

Zip

33020

Country

U.S.A.

Zip

Country

4. Date Incorporated or Qualified  
To Do Business in Florida

08.28.00

5. FEI Number

65-1045815

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required  
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

Dwight Cherry

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

1644 Jackson Street

Suite, Apt. #, Etc.

City

Hollywood

State

FL

Zip Code

33020

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.

Signature of  
Registered Agent

Dwight Cherry

REGISTERED AGENT MUST SIGN

Date

4.11.05

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

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
P	Dwight cherry	1644 Jackson St.	Hollywood FL 33020

10. 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:

Dwight Cherry

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

4.11.05

Daytime Phone #

6584878

CR2081 (01/05)