PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.		
CORPORATION REINSTATEMENT	FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS	FILED 03 JUN-3 AM 8:18
DOCUMENT # POODOC 1. corporation Name TOP Branch Trac S Landscaping In	ervice and 2001 An	SECRETARY OF STATE TALLAHASSEE, FLORIDA
2. Principal Office Address	3. Mailing Office Address	
1644 Jackson St.	1644 Jackson St.	01-03
Suite, Apt. #, etc.		te Incorporated or Qualified Do Business in Florida
City & State	City & State	
Hollywood fr	Hollywood the los	Applied For   Applied For   Not Applicable
33020 USA	33020 Country 6. CER	TIFICATE OF STATUS DESIRED 58.75 Additional Fee required for a Certificate of Status
7. Name and Address of Current Registered Agent		
Name Dwight Cherry		
Street Address (P.O. 86x Number is Not Acceptable)		
1644 JACKSON ST		
Suite, Apt. #, Etc.		
city HONGINDOON	المستراح والمسار والمراب المستوسسات والمراب المستوسية	State Zip Code
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 REGISTERED AGENT MUST SIGN		of section 607.0505 or 617.0503, F.S.  Date 5.29.03
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
Pr Duight Cherry	y 1644 JACKSON St.	Hollywood FC 33020
	Ŋ	<b>000020429850</b> 06/03/0301088010 **450.00
		and the second configuration in the second configuration i
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 filling 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:  SIGNATURE AND TYPED OR PRINTED NAME OF SIGNAG OFFICER OR DIRECTOR  Date  Date  Daytime Phone #		

TOP BRANCH TREE SERVICE AND LANDSCAPING, INC.

1644 Jackson St. Hollywood, FL 33020 954-658-9878

May 29, 2003

To whom it may concern:

I didn't receive my annual report in the mail to renew my account. I am sending you a check for \$450.00 to reinstate my corporation of Top branch Tree Service and Landscaping, Inc. my new address is 1644 Jackson St. Hollywood, FL 33020 I did move one year ago. If you have any questions please feel free to contact me at 954-658-9878.

Thank You

Dwight Cherry

President