PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

			OL NEAD	7LL 11131	ROCTIONS BE	- FOILE C		IING IF	IIO I ORIVI.			
	RPORAT			5	DEPARTMENT O Secretary of State SION OF CORPORATION			FIL				
DOCUMENT # Southern Tree					e & Stump, Ir	IC.	03	MOA - 8	PM 3: 17			
1. Corporation Name							SE	CRETAR	TY OF STATE SEE. FLORID	iA		
1. Corporation Name 70 100005 462 9 15600 SW 288th Street, Suite 305 Homestead, FL 33033							TAL	LAHAS	SEE. I COM			
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2. Principal Office Address 3. Mailing O						insi						
15600 SW 288th Street 15600 Suite, Apt. #, etc. Suite, Apt.					SW 288th Stree	et M	11149) B		TABETTE	A STATE OF THE PARTY OF THE PAR	E No.	
Suite 305 Suite 3						4. Date Incor	porated or Q iness in Flori					
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			Homestead, Florida			√ 6.	65-11	10735		Applicable		
33033		US		33033	US			E OF STATUS		Additional F a Certificate		
	7. Name and Address of Current Registered Agent											
	Name Michael Frederick											
;	Street Address (P.O. Box Number is Not Acceptable) 15600 SW 288th Street							5/03 0	<u> </u>	**150	.00	
	Suite, Apt. #, Etc.				Suite 305							
•	City Homestead							State	Zip Code 33033			
8. I, being	appointed the	registere	ed agent of the abov	e named corpo	ration, am familiar with an	d accept the ot	oligations of secti	on 607.0505	or 617.0503, F.S.			(10/02)
Signature of Registered /												CR2E081 (10/02
O Names	and Chaot A	44			ENT MUST SIGN		- 1 O dissalass					O
9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list Titles Name of Street Address of S							<u>_</u>	Ţ <u> </u>	City (State			
 	Officers and/or Directors				Officer and/or Director			City / State / Zip				
P	Daniel Carlson				15600 SW 288th Street, Suite 305			Homestead, Florida 33033				
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this rein	nstatement ap	plication,	the reason for disso	lution has been	npowered to execute this a eliminated, the corporate	name satisfies	the requirements	of section 6	07.0401 or 617.0401	I, F.S., that a	ll fees	
owed by	y the corporat	ion have	been paid and the n	ames of individ	uals listed on this form do ve the same legal effect as	not qualify for a	n exemption und					
6163147			.\$/4. [[· • 1	Daniel Carlso	on.	10/3	1/02	305-242	2-1455]	
SIGNAT	UKE: 4	GNATURE	AND TYPED OR PRI	TED NAME OF	SIGNING OFFICER OR DIREC			Date		e Phone #	- }	

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Southern Tree & Stump, Inc. 15600 SW 288th Street, Suite 305 Homestead, FL 33033

October 29, 2003

Department of State Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Re: Southern Tree and Stump, Inc.

To Whom It May Concern:

We are writing to request a waiver of the reinstatement fee for Southern Tree and Stump, Inc. In 2002 we sent an amendment to the articles requesting a name change and thought including the new address would be sufficient. Apparently your records still show the original address therefore we did not receive the UBR for 2003.

Please accept our enclosed check in the amount of \$150.00 for the 2003 UBR fee. If you have any questions please do not hesitate to contact us.

Sincerely,

Daniel Carlson, President