

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
04 MAY -4 AM 9:56  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P01000062680

1. Corporation Name

Oak Leaf Tree & Landscape, Inc.

2. Principal Office Address

3015 Shady Oak Place

Suite, Apt. #, etc.

City & State

Groveland, Florida

Zip  
34736

Country  
USA

3. Mailing Office Address

PO Box 665

Suite, Apt. #, etc.

City & State

Groveland, Florida

Zip  
34736

Country  
USA

**REINSTATEMENT** 02-04

4. Date Incorporated or Qualified  
To Do Business in Florida

June 22, 2001

5. FEI Number

59-3730092

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

Tina Zoltan

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

3015 Shady Oak Place

Suite, Apt. #, Etc.

City

Groveland

State  
FL

Zip Code  
34736

200036192002  
05/12/04--01030--011 \*\*450 00

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

*Tina Zoltan*

REGISTERED AGENT MUST SIGN

Date

4-26-04

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, D, S, T	Tina Zoltan	3015 Shady Oak Place	Groveland, Florida 34736

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:

*Tina Zoltan*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-26-04

Date

Daytime Phone #

20f2

Florida Department of State  
Corporate Division  
PO Box 6327  
Tallahassee, Florida 32314

**RE: Oak Leaf Tree & Landscape, Inc.**

Dear Sir or Madam:

Please be advised that the above corporation has not received an Annual Report since its incorporation in June of 2001. The county has re-numbered the streets and the address is noted in the reinstatement form enclosed. Also enclosed is a check in the amount of \$450.00 to cover the filing fees for the years 2002, 2003 and 2004. Thank you for your consideration in this regard.

If you have any questions, please contact the undersigned at PO Box 665, Groveland, Florida 34736.

Sincerely,

A handwritten signature in black ink, appearing to read "Tina Zoltan", is written over the printed name. The signature is stylized with a large, looping initial 'T'.

Tina Zoltan