


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT		FLORIDA DEPARTMENT OF STATE
		Glenda E. Hood Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P01000118700

1. Corporation Name

BEZDEK TREE ARBORIST, INC.

Principal Place of Business

Mailing Address

6086 FERRENA STREET  
JUPITER FL 33458

6086 FERRENA STREET  
JUPITER FL 33458

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

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

PO BOX 601

Suite, Apt. #, etc.

PO BOX 601

City & State

FROSTPROOF FL

City & State

FROSTPROOF FL

Zip

33843

Country

Zip

33843

Country

4. Date Incorporated or Qualified  
To Do Business in Florida

12/14/2001

5. FEI Number

65-6100078

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
PD	BEZDEK, ROBERT C	6086 FERRENA STREET	JUPITER FL 33458
PD	BEZDEK, ROBERT C.	PO BOX 601	FROSTPROOF FL 33843

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

BEZDEK, ROBERT C  
6086 FERRENA STREET  
JUPITER FL 33458

Name

BEZDEK, ROBERT C.

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

2165 N. LAKE REEDY BLVD

Suite, Apt. #, Etc.

City

FROSTPROOF

State


FL

Zip Code

33843

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. or 617.0505, F.S.

Signature of  
Registered Agent



REGISTERED AGENT MUST SIGN

Date 12/17/04

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:

  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

12/17/04 18774118733  
Date Daytime Phone #

CR2E040 (7/03)