

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 # P02000051717

1. Corporation Name

KENNEDY TREE SERVICE, INC.

Principal Place of Business

Mailing Address

1407 TURNER STREET  
CLEARWATER FL 33756

1407 TURNER STREET  
CLEARWATER FL 33756

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.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. Date Incorporated or Qualified  
To Do Business in Florida

05/10/2002

5. FEI Number

13-4233735

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)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
P	KENNEDY, MATTHEW J	1407 TURNER STREET	CLEARWATER FL 33756
V	KENNEDY, JANET M	1407 TURNER STREET	CLEARWATER FL 33756

688823766186

10/13/03--01097--030 \*\*150.00

8. Name and Address of Current Registered Agent

KENNEDY, JANET M  
1407 TURNER STREET  
CLEARWATER FL 33756

9. Name and Address of New Registered Agent

Name

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

Suite, Apt. #, Etc.

City

State

FL

Zip Code

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

SIGNATURE REQUIRED

REGISTERED AGENT MUST SIGN

Date

10/10/03

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 REQUIRED  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

JANET

Kennedy

Date

10/10/03

Daytime Phone #

727-

449-9364

FILED

03 OCT 13 PM 1:22

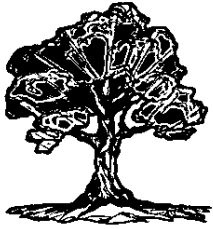
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



REINSTATEMENT

03

CR2ED40 (7/03)



# Kennedy Tree Service, Inc.

**Matt Kennedy  
Certified Arborist**

1407 TURNER STREET  
CLEARWATER, FL 33756  
(727) 449-9364

October 10, 2003

Division of Corporations  
Annual Report/Reinstatement Section  
P.O. Box 6327  
Tallahassee, FL 32314-6327

REF: Kennedy Tree Service, Inc.  
EIN: 13-4233735

Please accept our check enclosed for \$150.00 to re-instate Kennedy Tree Service, Inc. as an active corporation.

We did not receive the prior uniform business report notices. We are a new corporation with only two people in our company, but wish to remain an active Florida corporation.

We hope you will accept our apologies for the late filing and reinstate our corporation.

Sincerely,

A handwritten signature in cursive script, appearing to read "Janet Kennedy".

Janet Kennedy  
Registered Agent