

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**APPLICATION
FOR
REINSTATEMENT**



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
03 OCT 13 AM 8:00

DOCUMENT # P02000067392

1. Corporation Name

KENT HAYES TREE TRIMMING, INC.

Principal Place of Business

Mailing Address

1964 WOOD HOLLOW LANE
SARASOTA FL 34235

1964 WOOD HOLLOW LANE
SARASOTA FL 34235



REINSTATEMENT 03 mrd

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

4. Date Incorporated or Qualified
To Do Business in Florida

07/01/2002

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

Applied For

City & State

City & State

04-3886669

Not Applicable

Zip

Country

Zip

Country

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	HAYES, KENT	1964 WOOD HOLLOW LANE	SARASOTA FL 34235
D	GARRARD, CHRIS	323 CHESHIRE LANE # D	SARASOTA FL 34237
			500023764945 10/13/03--01094--006 **150.00

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

HAYES, VALLEY
1964 WOOD HOLLOW LANE
SARASOTA FL 34235

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

Valley Hayes
REGISTERED AGENT MUST SIGN

Date 10-9-03

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:

Glenda E. Hood
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10-9-03 (941) 341-0329
Date Daytime Phone #

CR2E040 (7/03)

Hayes

Kent Hayes Tree Trimming
1964 Wood Hollow Lane
Sarasota FL 34235

Phone: 941-341-0329
Cell: 941-320-7279
e-mail: vhayes@comcast.net
Fax: 941-341-0329

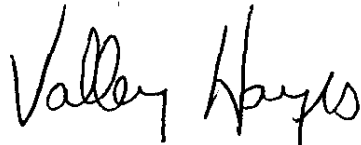
October 9, 2003

Division of Corporations
Reinstatement Section
PO Box 6327
Tallahassee FL 3231-6327

To whom it may concern,

I have received neither of the two uniform business reports. Please waive the reinstatement fee and accept the \$150.00 enclosed to reinstate the corporation. Thank you very much. I only just recently even received the articles of incorporation and that was by calling and specifically asking (and paying) for them.

Thanks again.


Valley Hayes