

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

**FILED**

06 MAR 21 AM 8:29

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P02000080985

1. Corporation Name *Lee's Tree Service, Inc.*

2. Principal Office Address <i>15176 US 19 N</i> Suite, Apt. #, etc.		3. Mailing Office Address <i>15176 US 19 N.</i> Suite, Apt. #, etc.	
City & State <i>Clearwater, FL</i>		City & State <i>Clearwater, FL</i>	
Zip <i>33764</i>	Country <i>USA</i>	Zip <i>33764</i>	Country <i>USA</i>

**REINSTATEMENT**  
03-2008 (12/05) *04-06*

4. Date Incorporated or Qualified To Do Business in Florida <i>7/25/02</i>	Applied For <input type="checkbox"/>	Not Applicable <input type="checkbox"/>
5. FEI Number <i>113644145</i>		
6. CERTIFICATE OF STATUS DESIRED <input checked="" type="checkbox"/>	\$8.75 Additional Fee required for a Certificate of Status	

7. Name and Address of Current Registered Agent

Name  
*Keith Lee Rinker*

Street Address (P.O. Box Number is Not Acceptable)  
*15176 US Hwy 19 N.*

Suite, Apt. #, Etc.

City  
*Clearwater*

State  
**FL**

Zip Code  
*33764*

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 *Keith Lee Rinker* Date *3/17/06*  
REGISTERED AGENT MUST SIGN

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
<i>P/T/D</i>	<i>Keith Lee Rinker</i>	<i>6117 26th Ave N</i>	<i>St Pete, FL 33710</i>

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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 contained in Chapter 119, 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: *Keith Lee Rinker* *Keith Lee Rinker* *3/17/06* *(727)446-0204*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #