

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

09 OCT 20 PM 1:45

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P02000083333

1. Corporation Name

GIBSON'S TREE SERVICE, INC.

2. Principal Office Address - No P.O. Box #

535 TRAM RD

3. Mailing Office Address

535 TRAM RD

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

MONTICELLO, FL

City & State

MONTICELLO, FL

Zip

32344

Country

US

Zip

32344

Country

US

7. Name and Address of Current Registered Agent

Name

MICHAEL L GIBSON

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

535 TRAM RD

Suite, Apt. #, Etc.

City

MONTICELLO

State

FL

Zip Code

32344

000161947300
10/20/09--01008--022 **150.00
CR2E081 (12/08)
REINSTATEMENT 09

4. Date Incorporated or Qualified
To Do Business in Florida 08/01/02

5. FEI Number
04-3726765

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐ \$8.75 Additional Fee required
for a Certificate of Status

☒ The reinstatement fee is imposed, except in
circumstances which the entity did not receive
the prior notices. By checking this box, you
are certifying the prior notices were not
received and requesting the reinstatement
fee be waived.

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

Michael L Gibson

REGISTERED AGENT MUST SIGN

Date 10-20-09

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
PD	MICHAEL L. GIBSON	535 TRAM RD	MONTICELLO, FL 32344

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:

Michael L Gibson
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

10-20-09

Daytime Phone #