

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED

04 SEP 10 AM 10:24

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P020000132177**

1. Corporation Name

**BEST PRICE TREE SERVICE -
- INC.**

2. Principal Office Address

6399 S.W. 103 ST. - RD.

Suite, Apt. #, etc.

3. Mailing Office Address

6399 S.W. 103 ST. RD.

Suite, Apt. #, etc.

City & State

OCALA, FL.

City & State

OCALA, FL.

Zip

34476

Country

Zip

34476

Country

900040961879

09/10/04--01034--003 **150.00

900040961879

09/10/04--01034--004 **150.00

4. Date Incorporated or Qualified
To Do Business in Florida

5. FEI Number

02-0661009

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

ERROL CAMERON

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

6399 S.W. 103 STREET. RD.

Suite, Apt. #, Etc.

City

OCALA

State
FL

Zip Code

34476

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

REGISTERED AGENT MUST SIGN

Date

4-30-04

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
P/VP T/S	ERROL CAMERON	6399 S.W. 103 ST. RD.	OCALA, FL, 34476

REINSTATEMENT 03-04

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 that the 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:

(954) 439-5708

4-30-04

To,

Fla. Dept. of State, -----

Reg. Doc. # P 02000132177

FOR The year 2003 & 2004.

Dear Sir,

Enclosed Completed Forms for 2003 -
Reinstatement and Form for 2004 along with the
checks as per instructions over the phone.

I didn't receive any renewal forms
- this year or last year, I am in the
business cutting trees, I don't have Computer or
don't know any thing about Computer

Please help me to Reinstall my
Corporation because I didn't receive any -
renewal notice this year or last year

I need Corporation to cut trees -
Otherwise they don't allow me to work
because it is a dangerous work cause accident or
injury.

I thank you for your help.

Sincerely Yours

ERROL