## PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT  FLORIDA DEPARTMENT OF STATE Katherine Harris Socretary of State DAYS ON PROCEEDINGS OF CORPORATIONS  DOCUMENT # PO2000   32 177  BEST PRICE TREE SERVICE  - INC.  2. Principal Office Address  G3 99 S. W. 103 ST - 6399 S. W. 103 ST - RD  Suite And Func.  - RD  Suite Address of Current Registrated Againt  Name  - RD  Suite Address of Current Registrated Againt  Name  - RD  Suite Address of Current Registrated Againt  Suite Address (PO Bits Novibor is Not Address of Current Registrated Againt  Suite Address (PO Bits Novibor is Not Address of Current Registrated Againt  Suite Address (PO Bits Novibor is Not Address of Current Registrated Againt  Suite Address (PO Bits Novibor is Not Address of Current Registrated Againt  Suite Address (PO Bits Novibor is Not Address of Current Registrated Againt  Suite Address (PO Bits Novibor is Not Address of Current Registrated Againt  Suite Address (PO Bits Novibor is Not Address of Current Registrated Againt  Suite Address of Each Officer address Division Provides corporations made in a state of Each  City - Department of Each Officer address Division Provides corporations made in a state of Each  Officers in Suite Address of Each Officer address Division Provides Corporations made in a state of Each  Officers in Suite Division Provides Corporation made in a state of Each  Officers in Suite Division Provides Corporation made in a state of Each  Officers in Suite Division Provides Corporation made in a state of Each  Officers in Suite Division Provides Corporation made in a state of Each  Officers in Suite Days of Each Officer address Division Provides Corporation in made in a state of Each  Officers in Suite Days of Each Officer address of Each Officer address of Each  Officers in Suite Days of Each Officer address of E	PLEASE READ ALL INSTRUCTIONS BEFORE C	OMPLETING THIS FORM.
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2. Principal Office Address 6399 S.W. 103 ST. 6399 S.W. 103 ST. RP Sulle. Apt. #. Co	DOCUMENT # P02000132177  1. Corporation Name	SECRETARY OF STATE TALLAHASSEE, FLORIDA
2. Principal Office Address 6399 S. W. 103 ST. P. Sulle, Apt #, ctc.  City & State OCALA, FL. Cay & State OCALA, FL. Country 34476 Country  To Name and Address of Current Registered Agent  The Street Address (PC) Box Nimber is Not Acceptable)  PECISTERED AGENTLAUST'S GION  9. Names and Street Addresses of Each Officer andre Director (Findia narprofit corporations mass last at local 3 directors)  Tiles Officers and of Directors  CRY / State / Cay		
City & State   Concern   City & Country	2. Principal Office Address  3. Mailing Office Address  6399 S. W. 103 ST 6399 S. W. 103 ST. RD.	U3/1 <b>U/</b> U401034Nñ3 **1sn nn
City & State  Country  The Country  Cou		4. Date Incorporated or Qualified
34476  7. Name and Address of Current Registered Agent  Name  ERROL  CAMERON  Street Address (P.O. Box Number is Not Acceptable)  Soille, Apr. II. Etc.  City  OCALA  8. I. being Epiphinted the registered agent of the above named corporation. am familiar with and accept the obligations of section 607.0505 or 617.0503, FS.  Signature of Registered Agent  REGISTERED AGENT, MUST SIGN  9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at loast 3 directors)  Titles  Officers and/or Directors  Officers and/or Directors  Officer and/or Di	OCALA, FL. OCALA. FL.	5. FEI Number
Street Address (RO. Box Number is Not Acceptable)  Suite, Apr. #, Etc.  City: DCALA  State Zip Code  FL 344476  6. I. being eliphomed 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 BUST SIGN  Date  4 - 3 0 - 6 7  REGISTERED AGENT BUST SIGN  Street Address of Each Officers and/or Director Officers and/or Director Officers and/or Director  Name of Officers and/or Director Officers and/or Director Officers and/or Director  City / State / Zip  VVP  ERROL CAMERON  6399 S.W. 103 ST.RD. OCALA, FL, 3447  10. Lecrify 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, E.S. Ifurther certify that when slint this reinstatement application, the reason for dissolution has been eliminated, the corporate name satisfies the requirements of accidin 607.0401 or 617.0401, E.S. that all less oved by the corporation have been paid "" So in dividuals listed on this form do not qualify for an exemption under section 119.07(3)(6, E.S. The information indicate on this application is true and execute, an any signalty shall have the same legal effect as if made under out).		CERTIFICATE OF STATUS DESIDED 50.73 Additional Fee require
Street Address (P.O. Box Number is Not Acceptable)  Suite, Apt. #, Etc.  City OCALA  State Zip Code FL 3447G  8. I. being Eighofted the registered agent of the above named corporation, am familiar with and accept the obligations of saction 607,0506 or 617,0503, F.S.  Signature of Registered Agent Registered Addresses of Each Officers and/or Directors  Titles Officers and/or Directors  Officers and/or Directors  Officers and/or Directors  City / State / Zip  OCALA, FL, 3447  10. Locally 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 tiling this reinstatement application, the reason for dissolution has been ediminated, the corporate name salisties the requirements of section 907,0401 or 617,0401, F.S., that all fees oved by the corporation have been paid if a company signature or this application is true any execute, and make the paid or a covery signature or any signature or the same legal effect as if made under outh.		
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Signature of Registered Agent  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  Name of Officer and/or Directors  Officer and/or Director  City / State / Zip  10. Learning 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, E.S. I further certify that when filting this reinstatement application, th. reason for dissolution has been eliminated. The corporate name satisfies the requirements of section 607.0401 or 617,0401, E.S. that all fees oved by the corporation have been paid results in this form do not qualify for an exemption under section 119.07(3)(i), E.S. The information indicate on this application is true annewscatter, and was signatured.	City. OCALA	<b>                                </b>
Titles  Name of Officers and/or Directors  Street Address of Each Officer and/or Director-  P/VP ERROL CAMERON G399 S.W. 103 ST. RD. OCALA, FL, 3447  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 filling this reinstatement application, thu reason for dissolution has been eliminated. The corporate name salisfies the requirements of section 607,0401 or 617,0401, F.S., that all fees oved by the corporation have been paid received and research this reinstatement application is true and rescurate, and research to the same legal effect as if made under outh.	Signature of Registered Agent Date 4-30-6 Y	
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Jo, FG. Dept. 7 State,

> Ree Boc. # P 02000132177 For The year 2003 22004.

Dear Sir.

Enclosed Completed Forms for 2003 heinstatement and Form For 2004 along with the Checks as per instructions over the phone.

9 didn't receive any renewal forms

- This year or last year 9 am in the

business cutting trees, 9 don't have Componter or

don't know any thing about Componter

Please help one to Reinstate my Corporation because 9 didn't receive any - renewal notice this year or last year I need corporation to cut trees - otherwise they don't allow one to work because or-is a dangerous work cause a ecident or cinjung.

I thank you for your help.

Sincerely yours

ERROL