

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

05 SEP -7 PM 10:18

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P02000132472

1. Corporation Name

STUMP BUSTERS, INC.

2. Principal Office Address

5861 12TH AVENUE SW

Suite, Apt. #, etc.

City & State

NAPLES, FL

Zip

34116

Country

USA

3. Mailing Office Address

SAME

Suite, Apt. #, etc.

City & State

Zip

Country

07/29/04 90006 031 /Jawse
05/06/05 90099 026 /Borw

**4. Date Incorporated or Qualified
To Do Business in Florida**

12/16/2002

5. FEI Number

20-0478873

☒ 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

PATRICK ROSE

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

5861 12TH AVENUE SW

Suite, Apt. #, Etc.

City

NAPLES

State

FL

Zip Code

34116

200059411642

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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

Date 9/10/2005

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
PTD	ROSE, PATRICK	5861 12TH AVENUE SW	NAPLES, FL 34116
VSD	ROSE, ERIN L.	5861 12TH AVENUE SW	NAPLES, FL 34116

REINSTATEMENT 04-05

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 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:

OFFICER

09/10/2005

239-992-6211

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E081 (01/05)