

2008 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P03000020785

1. Entity Name
MICHAEL HARNDEN CERTIFIED ARBORIST, INC.



FILED

08 DEC 12 PM 2:51

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



Principal Place of Business
8330 S. FLORIDA AVE
FLORAL CITY, FL 34436

Mailing Address
P.O. BOX 72
FLORAL CITY, FL 34436

2. Principal Place of Business - No P.O. Box # 3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

12052008 REIN-P CR2E098 (1/07)

City & State

City & State

4. FEI Number
05-0566977

Applied For
Not Applicable

Zip Country

Zip Country

5. Certificate of Status Desired ☒ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

HARNDEN, MICHAEL W
8330 S. FLORIDA AVE
FLORAL CITY, FL 34436

Name

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

City

FL

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12/10/08

FILE NOW!!! FEE IS \$150.00

After January 1, 2009, Fee will be \$300.00

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE P
NAME HARNDEN, MICHAEL
STREET ADDRESS 8330 S FLORIDA AVE
CITY-ST-ZIP FLORAL CITY, FL 34436

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
300138987933
12/12/08--01040--009 **158.75

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CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

12/10/08

Daytime Phone #