


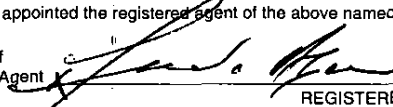
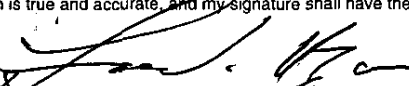
PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

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<b>CORPORATION</b> <del>REINSTATEMENT</del> <b>2004</b>				FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # <b>P03000118021</b>					
1. Corporation Name <b>Tropical Tree Service, Inc.</b>					
2. Principal Office Address <b>2379 55th St SW</b> Suite, Apt. #, etc.			3. Mailing Office Address <b>2379 55th St SW</b> Suite, Apt. #, etc.		
City & State <b>Naples, FL</b>			City & State <b>Naples, FL</b>		
Zip <b>34116</b>	Country <b>-</b>	Zip <b>34116</b>	Country <b>-</b>	4. Date Incorporated or Qualified To Do Business in Florida <b>10-22-2004</b>	
5. FEI Number <b>20-0354240</b>				Applied For Not Applicable	
6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/>				\$8.75 Additional Fee required for a Certificate of Status	

**FILED**  
04 JUL 26 AM 7:51  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

7. Name and Address of Current Registered Agent		
Name <b>LEONARDO G. ALZAMORA</b>		
Street Address (P.O. Box Number is Not Acceptable) <b>900039529019</b> <b>07/26/04--01054--002 **150.00</b>		
Suite, Apt. #, Etc. <b>2379 55th St SW</b>		
City <b>Naples</b>	State <b>FL</b>	Zip Code <b>34116</b>

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 <b>7/21/04</b>	
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
P/S/I/D	<b>Becky S. Alzamora</b>	<b>2379 55th St SW</b>	<b>Naples, FL</b>
V/D	<b>Leonardo G. Alzamora</b>	<b>2379 55th St SW</b>	<b>Naples, FL</b>
VP	<b>Melasio Alzamora</b>	<b>2379 55th St SW</b>	<b>Naples, FL</b>
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: 		Date <b>7/21/04</b>	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Daytime Phone #	

CR2E081 (01/04)

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Tropical Tree Service, Inc.  
2379 55<sup>th</sup> Street SW  
Naples, FL 34116

July 21<sup>st</sup>, 2004

Dept of State  
Division of Corp  
PO Box 6327  
Tallahassee, FL 32314

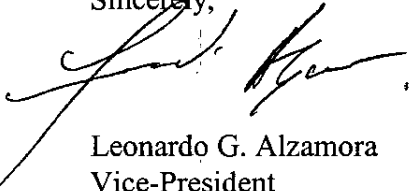
RE: Corporation admin dissolution for annual report

Dear DOS:

It was brought to our attention recently that our Corporation was dissolved for non-filing of UBR. We never received the UBR form to file the report. We went online and downloaded the form to request reinstatement. Our address changed and we never received notice.

We are enclosing a check in the amount of \$150.00, fee for 2004. Please accept this payment and consider waving the reinstatement fee off \$600 under these circumstances.

Sincerely,



Leonardo G. Alzamora  
Vice-President  
Tropical Tree Service, Inc.