


# 2005 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P04000045105		
1. Entity Name JEREMY LOHMAN TREE SERVICE, INC		

Principal Place of Business 716 LA COSTA WAY LANTANA, FL 33462 US	Mailing Address 716 LA COSTA WAY LANTANA, FL 33462 US
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2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip	Country



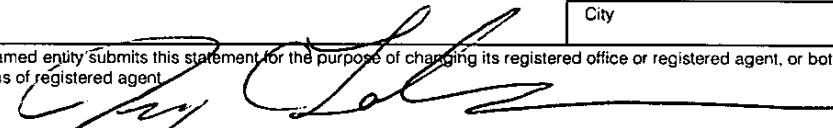
10112005 REIN-P CR2E098 (6/04)

4. FEI Number	Applied For
	Not Applicable

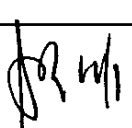
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent LOHMAN, JEREMY C 716 LA COSTA WAY LANTANA, FL 33462	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code
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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:  (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS \$150.00 After January 1, 2006, Fee will be \$300.00	In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P LOHMAN, JEREMY C 716 LA COSTA WAY LANTANA, FL 33462 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	300061042583 10/31/05--01042--011 ***150.00 <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 Date Daytime Phone #

FILED  
05 OCT 31 PM 12:00  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**C.R. COOPER, CPA, PA**  
**1495 FOREST HILL BLVD STE B**  
**WEST PALM BEACH, FLORIDA 33406**

American Institute of  
Certified Public Accountants

(561) 964-6927  
(561) 432-0008

Florida Institute of  
Certified Public Accountants

FAX (561) 433-3596

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October 11, 2005

Division of Corporations  
Uniform Business Report Filings  
P.O. Box 6327  
Tallahassee, Florida 32314

Taxpayer: Jeremy Lohman Tree Service, Inc.  
FEIN: 2005-03581  
Document #: P04000045105  
Tax Form: UBR  
Tax Period: 2005

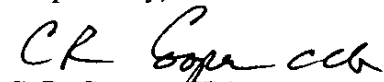
To Whom It May Concern:

We have enclosed check #1156 in the amount of \$150.00 for the 2005 Corporate Reinstatement of Jeremy Lohman Tree Service, Inc, Document # P04000045105.

Please abate the late filing penalty. Mr. Lohman did not receive the original Annual Reports and the corporation did not intentionally avoid the filing.

Thank you for your prompt attention to this matter. Please contact our office if any further information or explanation is required.

Respectfully,

  
C. R. Cooper, CPA

Encl.

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