

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

07 OCT 11 AM 8:40

FLORIDA DEPARTMENT OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT #

PO 4000079475

1. Corporation Name

Florida Regional Tree Service
Inc.

2. Principal Office Address - No P.O. Box #

2037 Old New York Ave
Suite, Apt. #, etc.

3. Mailing Office Address

2037 Old New York Ave
Suite, Apt. #, etc.

City & State

DeLand FL

City & State

DeLand FL

Zip

32720

Country

Zip

32720

Country

REINSTATEMENT

05-07

4. Date Incorporated or Qualified
To Do Business in Florida

5/17/04

5. FEI Number

56-2477007

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: Mark Hoffman Mark Hoffman

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

2037 Old New York Ave

Suite, Apt. #, Etc.

City

DeLand

State

FL

Zip Code

32720

☐ The reinstatement fee is imposed, except in
circumstances which the entity did not receive
the prior notices. By checking this box, you
are certifying the prior notices were not
received and requesting the reinstatement
fee be waived.

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

Mark Hoffman

REGISTERED AGENT MUST SIGN

Date 09/21/07

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	Mark Hoffman	2037 Old New York Ave	DeLand FL 32720

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 contained in Chapter 119, 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:

Mark Hoffman Mark Hoffman

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

9/21/07 7386740-1025

Date

Daytime Phone #

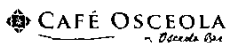
Shingle Creek

Att. Russ Hunt

850-245-6059, I
Mark Hoffman did not
receive any prior notices.

Thank you,
Mark Hoffman

 CALA BELLA
SHINGLE CREEK

 CAFÉ OSCEOLA
Osceola Spa

 Land
Remembered



www.RosenShingleCreek.com