

2006 FOR PROFIT CORPORATION REINSTATEMENT

1/2

DOCUMENT # P04000089745

1. Entity Name
ACOSTA TREE SERVICE, INC.



FILED

06 JUN -2 PM 4: 22

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business
12314 68TH ST N
WEST PALM BEACH, FL 33412 US

Mailing Address
12314 68TH ST N
WEST PALM BEACH, FL 33412 US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

05152006 REIN-P CR2E098 (11/05-06)

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

7. Name and Address of New Registered Agent

ACOSTA, GENARO
12314 68TH ST NORTH
WEST PALM BEACH, FL 33412

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

GENARO ACOSTA

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

(NOTE: Registered Agent signature required when reinstating)

5/15/06

DATE

FILE NOW!!! FEE IS \$900.00

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

PVST
ACOSTA, GENARO
12314 68TH ST NORTH
WEST PALM BEACH, FL 33412

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

400076161844
06/14/06--01004--016 **300.00

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

\$26/8

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

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:

GENARO ACOSTA

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5/15/06 561-2550101

Date

Daytime Phone #

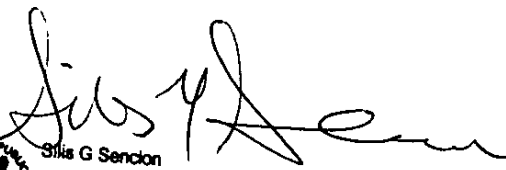

2/2

THE UNDERSIGNER GENARO ACOSTA WITH FLORIDA DRIVER LICENSE#

CERTIFIES THAT HE NEVER RECEIVED ANY ANNUAL REPOR NOTICE FOR HIS CORPORATION ACOSTA TREE SERVICE INC. SO HE IS ASKING FOR A WAIVER ON THE REINSTATEMENT FEE.

SINCERELY.,

GENARO ACOSTA
GENARO ACOSTA



Silas G Sencion
My Commission DD290471
Expires April 15, 2008