

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

07 FEB 22 AM 11:56

DOCUMENT # P04000101634

1. Corporation Name

Tree Master Specialist Inc.

000089572270
02/27/07--01012--023 **450.00

REINSTATEMENT

05-07

CR2E081 (1/07)

2. Principal Office Address - No P.O. Box #
3024 N. Powers Dr.

3. Mailing Office Address
3024 N. Powers Dr.

Suite, Apt. #, etc.
Apt# 236

Suite, Apt. #, etc.
Apt# 236

City & State
Orlando, FL

City & State
Orlando, FL

Zip
32818 Country
Orange

Zip
32818 Country
Orange

4. Date Incorporated or Qualified
To Do Business in Florida

July 07, 2004

5. FEL Number
34-2005781

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
Emanuel Gravely

Street Address (P.O. Box Number is Not Acceptable)
3024 N. Powers Dr.

Suite, Apt. #, Etc.
Apt# 236

City
Orlando, FL

State
FL Zip Code
32818

☒ 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

Emanuel Gravely

REGISTERED AGENT MUST SIGN

Date **2-20-07**

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	Walter Gravely	3024 N. Powers Dr.	Orlando, FL 32818
V	Emanuel Gravely	3024 N. Powers Dr.	Orlando, FL 32818

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:

Walter R. Gravely

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Walter R. Gravely

Date

2-20-07

Daytime Phone #

407-468-7961