


2005 FOR PROFIT CORPORATION REINSTATEMENT

RS 142

DOCUMENT # P04020113711		
1. Entity Name NURO TREE SURGEONS, INC.		

Principal Place of Business 620 NW 38TH COURT POMPANO BEACH, FL 33064	Mailing Address 620 NW 38TH COURT POMPANO BEACH, FL 33064
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2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

FILED
05 DEC 16 AM 9:29
SECRETARY OF STATE
TALLAHASSEE, FLORIDA
8/9/05 9002 048 5504.00

11302005	REIN-P	CR2E098 (6/04)
4. FEI Number 20-1465434		Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent	
ROSS, JOHN P 620 NW 38TH COURT POMPANO BEACH, FL FL	

7. Name and Address of New Registered Agent	
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 _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$750.00
After January 1, 2006, Fee will be \$900.00

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ROSS, JOHN P 620 NW 38TH COURT POMPANO BEACH, FL 33064 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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"/> Change <input type="checkbox"/> Addition

REINSTATEMENT 05
T. Roberts DEC 19 2005

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 #

ps 292

NURO TREE SURGEONS, INC.
620 NW 38TH COURT
POMPANO BEACH, FLORIDA 33064

December 9, 2005

Florida Department of State
Division of Corporation
Clifton Building
2661 Executive Center Circle
Tallahassee, Florida 32301

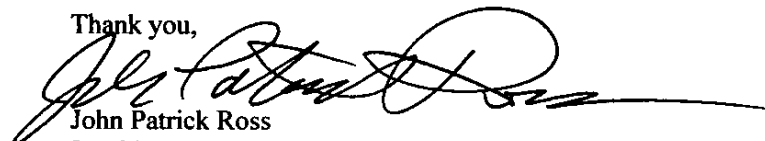
To whom this may concern:

Re: Nuro Tree Surgeons, Inc.
2005 Annual Report
Document # P04000113711

Enclosed please find my 2005 For Profit Corporation Reinstatement form. As I understand, I sent in the reinstatement and my check without providing you with my federal identification number. I further understand that I should have received a notice asking me to provide same (none was received). I am providing same herewith.

Please reinstate my corporation as soon as possible.

Thank you,


John Patrick Ross
President

enclosure