


2005 FOR PROFIT CORPORATION REINSTATEMENT

P2 184

FILED
05 DEC 12 AM 11:23
SEC. OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P04000130303

1. Entity Name
ORANGE CITY TREE SERVICE INC.



Principal Place of Business
**13 62 NORTH SPARKMAN AVENUE
ORANGE CITY, FL 32763**

Mailing Address
**13 62 NORTH SPARKMAN AVENUE
ORANGE CITY, FL 32763**

2. Principal Place of Business
1362 N. Sparkman Ave

3. Mailing Address

Suite, Apt. #, etc.

City & State
Orange City FL

Zip
32763

Country
Volusia



11012005 REIN-P CR2E098 (6/04)

4. FEI Number
412151872

Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

**MATUSIK, STANISLAW
13 62 NORTH SPARKMAN AVENUE
ORANGE CITY, FL 32763**

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:  **Stanislaw Matusik** **12-1-05**

(NOTE: Registered Agent signature required when reinstating)

**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	P MATUSIK, STANISLAW 03 62 NORTH SPARKMAN AVENUE ORANGE CITY, FL 32763	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	V SOOKRAMNAUTH, HANSRAJDAI 13 62 NORTH SPARKMAN AVENUE ORANGE CITY, FL 32763	<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
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

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:  **Stanislaw Matusik** **12-1-05** **386-774-1496**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date Daytime Phone #

12-1-05

10292

To Whom it may Concern,
I am asking to please wave
the late fee, because I had
no idea I had to pay a \$150.
fee every year. I always pay
my bills but I never get a bill
for this. I am sending a check
for \$150.00 if there is a problem
please let me know. Thank you

386-774-6493 Home

386-774-1496 Cel

Stanislaw Matusik

Orange City Tree Ser

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