

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 08 MAR -4 AM 11:33																													
DOCUMENT # P04000133219																																	
1. Corporation Name <i>Bruce's Tree Service Inc</i>																																	
2. Principal Office Address - No P.O. Box # <i>873 Peninsula Dr</i> Suite, Apt. #, etc. <i>N/A</i>		3. Mailing Office Address <i>873 Peninsula Dr</i> Suite, Apt. #, etc. <i>N/A</i>		CR2E081 (12/07)																													
City & State <i>Ormond Bch FL</i> Zip <i>32176</i>		City & State <i>Ormond Bch, FL</i> Zip <i>32176</i>		4. Date Incorporated or Qualified To Do Business in Florida <i>9.23.04</i>																													
Country <i>Volusia</i>		Country <i>Volusia</i>		5. FEI Number <i>51-0524486</i>																													
				Applied For <input checked="" type="checkbox"/> Not Applicable																													
6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$8.75 Additional Fee required for a Certificate of Status																																	
7. Name and Address of Current Registered Agent Name <i>Bruce Heinichen</i> Street Address (P.O. Box Number is Not Acceptable) <i>873 Peninsula Dr</i> Suite, Apt. #, Etc. <i>N/A</i> City <i>Ormond Beach</i> State FL Zip Code 32176																																	
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 <i>Bruce Heinichen</i> Date 2-28-08 REGISTERED AGENT MUST SIGN																																	
9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)																																	
<table border="1"> <thead> <tr> <th>Titles</th> <th>Name of Officers and/or Directors</th> <th>Street Address of Each Officer and/or Director</th> <th>City / State / Zip</th> </tr> </thead> <tbody> <tr> <td>P</td> <td>Bruce Heinichen</td> <td>873 Peninsula Dr</td> <td>Ormond Bch, FL, 32176</td> </tr> <tr> <td></td> <td></td> <td></td> <td></td> </tr> </tbody> </table>						Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip	P	Bruce Heinichen	873 Peninsula Dr	Ormond Bch, FL, 32176																				
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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: <i>Bruce Heinichen</i> Date: <i>2-28-08</i> Daytime Phone #: <i>(386)453-8789</i> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR																																	