


# 2007 FOR PROFIT CORPORATION REINSTATEMENT


DOCUMENT # P05000091165	
1. Entity Name CUTTING EDGE TREE CARE, INCORPORATED	

Principal Place of Business 6363 COTTONTAIL ROAD MIAMI LAKES, FL 33014 US	Mailing Address 6363 COTTONTAIL ROAD MIAMI LAKES, FL 33014 US
---	---

2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.
---	---

City & State Zip Country	City & State Zip Country
-----------------------------	-----------------------------

ED  
2007 APR 25 AM 10:05  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



04102007 REIN-P CR2E098 (1/07)

4. FEI Number 20-3813319	Applied For Not Applicable
-----------------------------	-------------------------------

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

6. Name and Address of Current Registered Agent GRIFFIN, TIMOTHY W 6363 COTTONTAIL ROAD MIAMI LAKES, FL 33014	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 T. Griffin TIMOTHY GRIFFIN 4-10-07  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS \$900.00
-----------------------------

10. OFFICERS AND DIRECTORS	11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11																								
<table border="1"> <tr> <td>TITLE NAME STREET ADDRESS CITY-ST-ZIP</td> <td>P Timothy W. Griffin 6363 Cottontail Road Miami Lakes, FL 33014 <input type="checkbox"/> Delete</td> </tr> <tr> <td>TITLE NAME STREET ADDRESS CITY-ST-ZIP</td> <td>VP Michelle R. Griffin 6363 Cottontail Road Miami Lakes, FL 33014 <input type="checkbox"/> Delete</td> </tr> <tr> <td>TITLE NAME STREET ADDRESS CITY-ST-ZIP</td> <td><input type="checkbox"/> Delete</td> </tr> <tr> <td>TITLE NAME STREET ADDRESS CITY-ST-ZIP</td> <td><input type="checkbox"/> Delete</td> </tr> <tr> <td>TITLE NAME STREET ADDRESS CITY-ST-ZIP</td> <td><input type="checkbox"/> Delete</td> </tr> <tr> <td>TITLE NAME STREET ADDRESS CITY-ST-ZIP</td> <td><input type="checkbox"/> Delete</td> </tr> </table>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	P Timothy W. Griffin 6363 Cottontail Road Miami Lakes, FL 33014 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP Michelle R. Griffin 6363 Cottontail Road Miami Lakes, FL 33014 <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	<table border="1"> <tr> <td>TITLE NAME STREET ADDRESS CITY-ST-ZIP</td> <td><input type="checkbox"/> Change <input type="checkbox"/> Addition 400102632714 05/16/07--01026--001 **\$900.00</td> </tr> <tr> <td>TITLE NAME STREET ADDRESS CITY-ST-ZIP</td> <td><input type="checkbox"/> Change <input type="checkbox"/> Addition B5/1/07</td> </tr> <tr> <td>TITLE NAME STREET ADDRESS CITY-ST-ZIP</td> <td><input type="checkbox"/> Change <input type="checkbox"/> Addition REINSTATEMENT 06-07</td> </tr> <tr> <td>TITLE NAME STREET ADDRESS CITY-ST-ZIP</td> <td><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>TITLE NAME STREET ADDRESS CITY-ST-ZIP</td> <td><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>TITLE NAME STREET ADDRESS CITY-ST-ZIP</td> <td><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> </table>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition 400102632714 05/16/07--01026--001 **\$900.00	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition B5/1/07	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition REINSTATEMENT 06-07	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	P Timothy W. Griffin 6363 Cottontail Road Miami Lakes, FL 33014 <input type="checkbox"/> Delete																								
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP Michelle R. Griffin 6363 Cottontail Road Miami Lakes, FL 33014 <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"/> Change <input type="checkbox"/> Addition 400102632714 05/16/07--01026--001 **\$900.00																								
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition B5/1/07																								
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition REINSTATEMENT 06-07																								
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 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 any other like empowered.

SIGNATURE: T. Griffin Timothy W. Griffin 04/10/07  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #