## 2007 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# P05000091293

Entity Name: RAYNOR SHINE TREE SERVICE, INC

FILED Oct 04, 2007 Secretary of State

**Current Principal Place of Business: New Principal Place of Business:** 

630 EMERALDA RD. 5960 JONES AVE ZELLWOOD, FL 32798 STE 105 ORLANDO, FL 32808

**New Mailing Address: Current Mailing Address:** 

139 MORRELL CIRCLE P.O. BOX 267 HATTIESBURG, MS 39402 ZELLWOOD, FL 32798

FEI Number: 20-3065645 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( )

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

RAYNOR, ANTHONY RAYNOR, ANTHONY 630 EMERALDA RD 103 DONNINGTON CT. LONGWOOD, FL 32779 US STE 105 ORLANDO, FL 32808 US

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.

SIGNATURE: ANTHONY RAYNOR 10/04/2007

> Electronic Signature of Registered Agent Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ( ).

## **OFFICERS AND DIRECTORS:**

Title:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Delete (X) Change ( ) Addition RAYNOR, ANTHONY RAYNOR, ANTHONY Name: Name: 630 EMERALDA RD. Address: 103 DONNINGTON CT Address: LONGWOOD, FL 32779 City-St-Zip: ORLANDO, FL 32808 City-St-Zip:

( ) Delete Title: VΡ Title: VΡ (X) Change ( ) Addition

RAYNOR, TAMI Name: Name: RAYNOR, TAMI 139 MORRELL CIRCLE Address: 103 DONNINGTON CT. Address: HATTIESBURG, MS 39402 LONGWOOD, FL 32779 City-St-Zip: City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

Ρ SIGNATURE: ANTHONY RAYNOR 10/04/2007