2008 FOR PROFIT CORPORATION REINSTATEMENT

Not Applicated Status Desired \$8.75 Additional \$8.75 Additiona	DOCUMENT # P060000522 1. Entity Name KNIGHT'S TREE SERVICE, INC.	280				FILED 08 JUN -6 PM12:58	
Suite, Apt. #, etc. Suite, Apt. #, etc. Suite, Apt. #, etc. Suite A. FEI Number Applied For Applied F	10647 NW KNIGHT RD.	7 NW KNIGHT RD. 10647 NW KNIGHT RD.			CHORETONE OF STATE TALLAHASSEE, FLORIDA		
City & State City & State City & State Current Registered Agent S. Certificate of Status Desired \$8.75 Additional Per & Required	Principal Place of Business - No P.O. Box # 3. Mailing Address					1)#1 1#1 1#1 1#1 1#1 1#1 1#1 1#1 1#1 1#1	
State Address Country Zip Country Status Desired Status Desi	Suite, Apt. #, etc. Suite, Apt. #, etc.					STATEMENT E098 (1/007-08	
Security	City & State City & State				4. FEI Numb	er Applied For Not Applicable	
6. Name and Address of Current Registered Agent PEACOCK, BRUCE T 15520 NW BROAD ST. ALTHA, FL 32421-0002 City FL Zip Code 8. The above named writin submiss this statement for the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and accident the obligations of registered agent. SIGNATURE: SIGNATURE: PILE NOWILI FEE IS \$300.00 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS INTIT. INIT.	Zip Country	Zip Country			5. Certificate	of Status Desired \$8.75 Additional	
PEACOCK_BRUCE T. 15520 NW BROAD ST ALTHA, FL 32421-0002 Street Address (P.O. Box Number is Not Acceptable)							
ALTHA, FL 32421-0002 City							
8. The above named entity submits this statement for the purpose of changing its registered affice or registered agent, or both, in the State of Florida. I am familiar with, and accident to the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and accident to the purpose of registered agent, or both, in the State of Florida. I am familiar with, and accident to the purpose of purpose of registered agent and 650 of approachible. Signature typed or purpose of purpose of agent and 650 of approachible. ONOTE: Registered Agent alignature registered when refinationally ONTE				discribed (i.e. sex remiser to retribed to recognized)			
8. The above named entity submits this statement for the purpose of changing its registered affice or registered agent, or both, in the State of Florida. I am familiar with, and accide the obligations of registered agent. SIGNATURE Signature inject or printed name of registered agent and the flappicable. (NOTE Registered Agent signature regulared when refinateling) DATE			City	y		Zip Code	
SIGNATURE Signature typed or protect name of registered agent and 600 if applicable. (NOTE: Registered Agent algnature registered when relinateding) OATE		the purpose of changing its	registered offic	ice or registere	ed agent, or bo		
Change Add Agent alignature required when reinstating) OATE							
TILE NOWIN FEE IS \$300.00 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE PSD		d title if applicable. (NOT	E: Registered Agen	nt signature require	ed when reinstating	DATE	
TITLE NAME NAME STREET ADDRESS CITY-ST-2IP TITLE NAME STREET ADDRESS C	FILE NOW!!! FEE IS \$300.00					In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.	
NAME SIREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP					ADDITIONS		
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NAME STREET ADDRESS CITY-ST-ZIP 12. I hereby certify that the information supplied with this filling does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information	NAME Street address	□ Dølete	NAME STREET ADDE	į.		☐ Change ☐ Addition	
12. I hereby certify that the information supplied with this filling does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental expert in true and good that my signally supplemental expert in the same legal effect as it made under gath; that I am an affice or direct	NAME STREET ADDRESS	☐ Delete	name Street Addi	ı		☐ Change ☐ Addition	
of the corporation or the receiver or trustee empowered to execute this report as received by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 1 changed, or on an attachment with an address, with all other like ampowered. SIGNATURE: SIGNATURE AND TYPED OR PRINTED AND TYPED AND TYPED OR PRINTED AND TYPED OR PRINTED AND TYPED AND TYPE							