PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT	**FLORIDA DEPARTMENT OF STATE** Secretary of State DIVISION OF CORPORATIONS	FILED 08 NOV -6 AM 11:07 SECRETARY OF STATE TALLAHASSEE, FLORIDA

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11/12/08--01043--017 **300.00

REINSTATEMENT 07-08 KS
CR2E081 (1/07)

1. Corporation Name

AT & TREE LANdSCAPING, INC.

2. Principal Office Address - No P.O. Box #

21075 SW 246 ST

Suite, Apt. #, etc.

City & State

HOMESTEAD FL

Zip
33031

Country
USA

3. Mailing Office Address

SAME

Suite, Apt. #, etc.

City & State

Zip

Country

4. Date Incorporated or Qualified To Do Business in Florida

5. FEI Number
20-4769874

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐ $8.75 Additional Fee required for a Certificate of Status

7. Name and Address of Current Registered Agent

Name
PETER CORDOVA

Street Address (P.O. Box Number is Not Acceptable)
21075 SW 246 ST

Suite, Apt. #, Etc.

City
HOMESTEAD

State
FL

Zip Code
33031

☑ The reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the reinstatement fee be waived.

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 X _____
REGISTERED AGENT-MUST SIGN

Date 11-5-08

9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
P	PETER CORDOVA	21075 SW 246 ST	HOMESTEAD FL 33031

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: X _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

11-5-08
Date

Daytime Phone #