

2008 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# P06000078502

FILED
Sep 06, 2008
Secretary of State

Entity Name: LUMBERJAX TREE SURGEONS, INC.

Current Principal Place of Business:

126 8TH AVENUE SOUTH
B
JACKSONVILLE BEACH, FL 32250

New Principal Place of Business:

Current Mailing Address:

126 8TH AVENUE SOUTH
B
JACKSONVILLE BEACH, FL 32250

New Mailing Address:

1489 PLANTATION DR
B
HUDSON, OH 44236

FEI Number: 20-5029964

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CAPANNELLI, AARON
126 8TH AVENUE SOUTH
B
JACKSONVILLE BEACH, FL 32250 US

Name and Address of New Registered Agent:

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: AARON CAPANNELLI

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: P () Delete
Name: CAPANNELLI, AARON
Address: 126 8TH AVENUE SOUTH B
City-St-Zip: JACKSONVILLE, FL 32250

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
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.

SIGNATURE: AARON CAPANNELLI

Electronic Signature of Signing Officer or Director

OWNER

09/06/2008

Date