✓ 2007 FOR PROFIT CORPORATION REINSTATEMENT

		KEINSI	,						
DOCUMENT # P06000087393								_	
1. Entity Nam	e	_				FILE	נ		
FLORIDA CHOICE TREE SERVICES INC								ou 1: 37	
							07 NOV 13	bld a. a.	
Principal Place	e of Busines	s	Mailing Address				SECRETARY OF TALLAHASSEE	F STATE.	
7532 CALVIN LEE RD			7532 CALVIN LEE RD				SECHELAN	FLORIDA	
GROVELAND, FL 34736			GROVELAND, FL 34736				TALLANASSES		
2. Principal Place of Business - No P.O. Box # 3. Mailing Address								TI 1 2111 (2020 1 1111 (2020 1111	
Suite, Apt.		L. 18	Suite, Apt. #, etc.			11022007	TREN STA	CR2E098 (1/07)	TATE OF
			C: 80:4-					- A A V I A	7.74.1
City & State			City & State			A FEI Number Applied For Not Applicable			
Zip	Country		Zip Count		itry	5 Certificate of Status Desired \$8.75 Additional			
			<u> </u>					Fee Required	1
	6. Name	and Address of Current	Registered Agent		7. Name and Address of New Registered Agent Name				
HARPER,				Street Address (P.O. Box Number is Not Acceptable)					
7532 CAL\				Street Address			er is Not Acceptable)	·	
GROVELAND, FL 34736									•
					City			FL Zip Code	
8. The above	named entit	ty submits this statement for	or the purpose of changing its	register	Led office or register	red agent, or bo	th. in the State of Florida	· —	and accept
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 William & Carper III									
Signature, typed or printed name of registered agent and tyle if applicable. (NOTE: Registered Agent eignature required when reinstating) DATE									
FILE NOWIN FEE IS \$150.00 In accordance with s. 607.193(2)(b), F.S., the									
ŀ		008, Fee will be \$300.0	00				corporation did not		
10.		OFFICERS AND	DIRECTORS	11.	· · · · · · · · · · · · · · · · · · ·	ADDITIONS	CHANGES TO OFFICER	RS AND DIRECTORS	S IN 11
TITLE	Р		☐ Delete	E	***************************************		Change	☐ Addition	
NAME	HARPER, WILLIAM R III 7532 CALVIN LEE RD				EET ADDRESS				į
STREET ADDRESS CITY-ST-ZIP	GROVELAND, FL 34736				'-ST-ZIP				
TITLE		<u> </u>	☐ Delete	E	7	001122	36 000	☐ Addition	
NAME					IE .	11/1	901122: 3/07-01052:	-018° #*150	0.00
STREET AOORESS CITY-ST-ZIP				EET ADDRESS '-ST-ZIP					
TITLE			Delete	E			☐ Change	☐ Addition	
NAME			L Dool	NAM	i			<u> </u>	
STREET ADDRESS	1				EET ADDRESS				
CITY-ST-ZIP					r-ST-ZIP			☐ Change	☐ Addition
TITLE NAME			☐ Delete	TITL	I				Addition
STREET ADDRESS			V		EET ADDRESS				
CITY-ST-ZIP			· · · · · · · · · · · · · · · · · · ·		'-ST-ZIP				
TITLE NAME			☐ Delete	TITL NAM	I			Change	☐ Addition
STREET ADDRESS					EET ADORESS				
CITY-ST-ZIP				CITY	'-ST-ZIP				
TITLE			☐ Delete	TITL				Change	Addition
NAME STREET ADDRESS				NAW STRI	EET ADORESS				
CITY-ST-ZIP	<u> </u>				'-ST-ZIP				
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 all other like empowered.									
1.140 0 11									
SIGNATURE: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR							- 0)- 01		
		SIGNATURE AND TYPED OR	PHINTED NAME OF SIGNING OFFICER	OK DIREC	IUK		Date	Daytime Phone #	