

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

10 AUG -9 PM 3: 06

DOCUMENT # P06000133886

1. Corporation Name

Everglades Tree Service Inc

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

173 County Rd 720

Suite, Apt. #, etc.

3. Mailing Office Address

P.O. Box 455

Suite, Apt. #, etc.

City & State

Clewiston FL

City & State

Clewiston FL

Zip

33440

Country

Hendry

Zip

33440

Country

Hendry

4. Date Incorporated or Qualified
To Do Business in Florida 10/20/2006

5. FEI Number
20-5747320

☐ 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

Dana Westberry

Street Address (P.O. Box Number is Not Acceptable)

173 County Rd 720

Suite, Apt. #, Etc.

City

Clewiston

State

FL

Zip Code

33440

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

Dana Westberry
REGISTERED AGENT MUST SIGN

Date

7/28/10

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	Greg Westberry	173 County Rd 720	Clewiston, FL 33440
S	Dana Westberry	173 County Rd 720	Clewiston, FL 33440

10. E-mail Address: evergladestree@yahoo.com

(To be used for future annual report notification)

11. 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. I further certify, 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:

Dana Westberry
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

7/28/10

Daytime Phone #

863-983-5564