

2011 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P08000100295	
1. Entity Name TIMBERLAND LANDSCAPE MAINTANCE OF TALLAHASSEE, INC	

Principal Place of Business 6828 TOMY LEE TRAIL TALLAHASSEE, FL 32309	Mailing Address 6828 TOMY LEE TRAIL TALLAHASSEE, FL 32309
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2. Principal Place of Business - No P.O. Box #	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip	Country



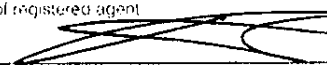
01202011 REIN-P CR2E098 (1/07)

4. FEI Number APPLIED FOR	Applied For Not Applicable
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5. Certificate of Status Desired ☐	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent STRIPLING, ADLAI 6828 TOMY LEE TRAIL TALLAHASSEE, FL 32309

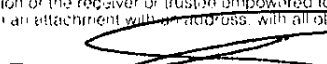
7. Name and Address of New Registered Agent Name: Street Address (P.O. Box Number is Not Acceptable) City: FL Zip Code:

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:  Signature typed or printed name of registered agent and the corporation (NOTE: Registered Agent signature required when reinstating) DATE:

FILE NOW!!! FEE IS \$900.00

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY ST ZIP	D STRIPLING, ADLAI 6828 TOMY LEE TRAIL TALLAHASSEE, FL 32309 ☐ Delete	TITLE NAME STREET ADDRESS CITY ST ZIP	☐ Change ☐ Addition
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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 information.
SIGNATURE:  SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

FILED
11 JAN 20 AM 11:12
SECRETARY OF STATE
TALLAHASSEE, FLORIDA