IO =		T 60	121/ //		Tina · Cam		
							T. CAULEY
							MAR 1 3 2012
					·		
VP Michelle L. Daughtrey 3					J Closiey A	ve.	34769
					3630 Crosley Ave.		
P Je	Jeremy S. Bowen			3630 Crosley Ave.			34769
Titles	and Street Addresses of Each Officer and/or Director  Name of  Officers and/or Directors			Street Address of Each Officer and/or Director			City / State / Zip
	9		GISTERED AGI				
Signature of Registered Agent							Date 03/05/12
	ointed the register	ed agent of the above	ve named corpo	ration, am f		bligations of sect	tion 607.0505 or 617.0503, F.S.
City         State         Zip Code           St. Cloud         FL 34769							
1138 New York Ave. Suite, Apt. #, Etc.						ACTOR OF	SA GA GA CERTAINER OF
James C. Hemphill Street Address (P.O. Box Number is Not Acceptable)						REINS	STATEMENT 11-12
Name	_	me and Address of	Current Regist	tered Agen	nt	-	
34772 USA			34770		USA	6. CERTIFICATE OF STATUS DESIRED 58.75 Additional Fee required for a Certificate of Status	
St. Cloud, FL			St. Cloud, Florida		(T	27-4359581 Not Applicable	
City & State			City & State			To Do Bus	siness in Florida 12/23/10  Per Applied For
Suite, Apt. #, etc.		Suite, Apt. #, etc.			CR2E081 (11/10)  4. Date Incorporated or Qualified		
· ·	osley Ave		3. Mailing Office Address P.O. Box 701602			800224536358 03/13/1201005005 **300.00	
2 Principal Office	îce Address - No	P.O. Sov.#	2 Mading O	ff.oo Addro			6/11 8/802 010
Auvance	su liee c	olutions of	Central	FIOLIC	ua, mc.		1 2,000 018 600.0
Corporation Name     Advanced Tree Solutions of Central Florida, Inc.							
DOCUM	IENT#F	1000010	3029			1	•
REINSTA	ATEMENT		Secretary of State DIVISION OF CORPORATIONS			12 MAR 13 AM 11:07	
CORPO	DRATION				TMENT OF STATE		SECRETARY OF STATE TALLAHASSEE, FLORIDA
	PLE/	ASE READ	ALL INST	RUCT	IONS BEFORE (	COMPLET	FING THIS FORM.
		-				•	

17. 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., and 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. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s 817.155, F.S.

SIGNATURE:

03/05/12

321-624-164

(To be used for future annual report notification)

OF PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

321-624-1644 Daytime Phone # Date