P15000022164

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
2018 AUG 31 PM 2:27
SECRETARY OF STATE
TALLAHASSEE, FL

DOCUMENT # P15000022164

1. Corporation Name

# Bay Area Tree Service, Inc.

200317408952
08/20/18--01025--031 **1050.00

CR2E081 (11/10)

| 2. Principal Office Address - No P.O. Box # | 3. Mailing Office Address |
|---|---|
| 11901 Hazen Ave | 11901 Hazen Ave |
| Suite, Apt. #, etc. | Suite, Apt. #, etc. |
| City & State: Thonotosassa, Fl | City & State: Thonotosassa, Fl |
| Zip: 33592 Country: Hillsborough | Zip: 33592 Country: Hillsborough |

4. Date Incorporated or Qualified To Do Business in Florida: 03/06/2015

5. FEI Number: 37-1779542 — Applied For / Not Applicable

6. CERTIFICATE OF STATUS DESIRED

7. Name and Address of Current Registered Agent

Name: Pam Barwick

Street Address (P.O. Box Number is Not Acceptable): 11901 Hazen Ave

State, Apt. #, Etc.

City: Thonotosassa State: FL Zip Code: 33592

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: Pam Barwick Date: 08/10/2018

REGISTERED AGENT MUST SIGN

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 | Larry Barwick | 11901 Hazen Ave | Thonotosassa, Fl. 3359 |
| | | | |
| | | | |
| | | | |
| | | | AUG 31 2018 |
| | | | D CONNELL |

10. E-mail Address: pam@ttati.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., 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: [signature] 08/10/2018 813-270-4885

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #