

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT

FLORIDA DEPARTMENT OF STATE  
**Jim Smith**  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

02 NOV 21 PM 2:13

DOCUMENT # P24114

1. Corporation Name

L.J.S. TREES, INC.

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA  
800009155978  
11/21/02--01105--019 \*\*150.00

Principal Place of Business

7020 STUEBNER AIRLINE  
HOUSTON TX 77091  
US

Mailing Address

860 RIDGE LAKE BLVD  
MEMPHIS TN 38120

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

4. Date Incorporated or Qualified  
To Do Business in Florida

05/02/1989

5. FEI Number

74-1185584

Applied For

Not Applicable

6.

CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required  
for a Certificate of Status

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
COO	SLOTT, DAVID M	860 RIDGE LAKE BLVD	MEMPHIS TN 38120
VP	MARTIN, STEPHEN J	860 RIDGE LAKE BLVD	MEMPHIS TN 38120
VP CEO	KARNES, DONALD K	860 RIDGE LAKE BLVD	MEMPHIS TN 38120
VP, S	VON GRUBEN, ROBERT C	860 RIDGE AKE BLVD	MEMPHIS TN 38120
VP P	DELANEY, BRIAN K.	7020 STUEBNER AIRLINE RD	HOUSTON TX 77091

8. Name and Address of Current Registered Agent

CT CORPORATION SYSTEM  
1200 S PINE ISLAND RD  
PLANTATION FL 33324

9. Name and Address of New Registered Agent

Name

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

Suite, Apt. #, Etc.

City

State  
FL

Zip Code

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S. or 617.0505, F.S.

Signature of  
Registered Agent

SIGNATURE REQUIRED  
REGISTERED AGENT MUST SIGN

Date

November 14, 2002

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 and the names of individuals listed on this form do not qualify for an exemption under section 119.07(3)(i), F.S. 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:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Robert C. von Gruben

Date

11-11-02

Daytime Phone #

CR2E040 (8/02)

**TRUGREEN Companies™**  
**TRUGREEN ChemLawn™**  
**TRUGREEN LandCare™**

860 Ridge Lake Boulevard  
Memphis, TN 38120-9417  
901-681-1800

**Legal Department**

November 11, 2002

Secretary of State  
Florida Department of State  
P.O. Box 6327  
Tallahassee, FL 32314

Re: Trees, Inc. d/b/a L.J.S. Trees, Inc.  
P24114

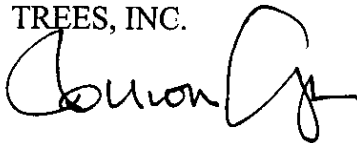
Dear Sirs:

Please be advised that the above-referenced corporation has not received the previous annual report forms required to be filed for the year 2002.

Please waive the reinstatement penalty. Our check in the amount of \$150.00 is enclosed.

Sincerely,

TREES, INC.



Robert C. von Gruben  
Vice President & Secretary

