PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
01 MAY 16 AM 8:33

DOCUMENT # P93000023891

1. Corporation Name

BIG 'UM TREE SERVICE, INC.

REINSTATEMENT 94-01

2. Principal Office Address	3. Mailing Office Address
3400 HURSEY DRIVE	3400 HURSEY DRIVE
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: YULEE FLORIDA	City & State: YULEE FLORIDA
Zip: 32097 Country:	Zip: 32097 Country:

4. Date Incorporated or Qualified To Do Business in Florida: 3/29/1993

5. FEI Number: 59-3174614 ☐ Applied For ☐ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐ $8.75 Additional Fee required for a Certificate of Status

1650.00-Adm
61.25-AR
8.75-Acrupp
8.75-Cert

7. Name and Address of Current Registered Agent

Name: WILLIAM J SMITH

Street Address (P.O. Box Number is Not Acceptable): 324 N 15TH STREET

Suite, Apt. #, Etc.:

City: FERNANDINA BEACH State: FL Zip Code: 32034

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: [signature] (REGISTERED AGENT MUST SIGN) Date: 5/2/01

CR2E061 (8/00)

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
DP	MICHAEL HURLEY	P.O. BOX 1180	YULEE FL 32097
DVST	ROGER HURLEY	P.O. BOX 1180	YULEE FL 32097
			900004342259--2 -05/05/01--01087--009 ***1808.75 ***1808.75
			163131

10. 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: MIKE HURSEY Mike Hursey 5-15-01 9042615465
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #