

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

03 OCT 24 AM 10:15

SECRETARY OF STATE  
TALLAHASSEE FLORIDA

DOCUMENT # P93000023891

1. Corporate Name

BIG 'UM TREE SERVICE, INC.

2. Principal Office Address

3400 Hursey Drive

Suite, Apt. #, etc.

3. Mailing Office Address

3400 Hursey Drive

Suite, Apt. #, etc.

City & State

Yulee, FL

City & State

Yulee, FL

Zip

32097

Country

Nassau

Zip

32034

Country

Nassau

4. Date Incorporated or Qualified  
To Do Business in Florida

03/29/1993

5. FEI Number

593174654

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required  
for a Certificate of Status

**7. Name and Address of Current Registered Agent**

Name

William J. Smith

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

324 N. 14th 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

*William J. Smith*

REGISTERED AGENT MUST SIGN

Date

11/8/03

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 HURSEY	3400 Hursey Drive	Yulee, FL 32034
DVST	ROGER HURSEY	3400 HURSEY DRIVE	Yulee, FL 32034

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:

*Michael J Hursey* Michael Hursey

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

10/11/03

Daytime Phone #

CR2E081 (10/02)

21 10/29