

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

08 JUL 09 AM 8:11

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P 93000035682

1. Corporation Name

Parks' TREE SERVICE, Inc.

000132590560

07/09/08--01031--009 **750.00

2. Principal Office Address - No P.O. Box #

6431 S.W. 64 Ct

3. Mailing Office Address

6431 S.W. 64 Ct.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

S. M. Am. FL

City & State

S. M. Am. FL

Zip

33143

Country

U.S.A.

Zip

33143

Country

U.S.A.

REINSTATEMENT 07-08

4. Date Incorporated or Qualified
To Do Business in Florida

05-17-1993

5. FEI Number

☒ 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

Douglas Parks

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

6431 S.W. 64 Ct.

Suite, Apt. #, Etc.

City

South Miami

State

FL

Zip Code

33143

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

Douglas Parks

REGISTERED AGENT MUST SIGN

Date 6-7-08

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
President	Douglas A. Parks	6431 S.W. 64 Ct.	S. M. Am., FL 33143

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 contained in Chapter 119, 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:

Douglas Parks

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

6-7-08

Date

786-229-9368

Daytime Phone #

Corp name completed as Douglas Parks 7/14/09 dpa