

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**

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

FILED

02 NOV 20 PM 1:18

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**DOCUMENT #** P94000024239

**1. Corporation Name**

HERCULES CONCRETE & TREE SURGEON, INC.

**2. Principal Office Address**

10521 CHEMSTRAND RD

Suite, Apt. #, etc.

City & State

PENSACOLA FL

Zip

32514

Country

**3. Mailing Office Address**

Suite, Apt. #, etc.

City & State

Zip

Country

**REINSTATEMENT** 99-07

**4. Date Incorporated or Qualified  
To Do Business in Florida**

03/25/1994

**5. FEI Number**

62-1562151

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

RICHBOURG, WILLIAM B

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

600 S BARRACK ST

Suite, Apt. #, Etc.

SUITE 105

City

PENSACOLA

State

FL

Zip Code

32501

000009112140

11/20/02--01062--007 \*\*1200.00

**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

REGISTERED AGENT MUST SIGN

Date

11/18/02

**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
PSTD	GRAY, SABRINA	10521 CHEMSTRAND RD	PENSACOLA FL 32514

**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:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #