

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

**FILED**  
03 OCT 30 PM 3:25  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P94000034925

1. Corporation Name

Collins Tree Service

2. Principal Office Address

3927 NW 21st St

Suite, Apt. #, etc.

City & State

Gainesville, FL

Zip

32605

Country

USA

3. Mailing Office Address

3927 NW 21st St

Suite, Apt. #, etc.

City & State

Gainesville, FL

Zip

32605

Country

USA

**REINSTATEMENT 00-03**  
WSP

4. Date Incorporated or Qualified  
To Do Business in Florida

5. FEI Number

59-3240531

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

Michael A. Collins

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

3927 NW 21st St

Suite, Apt. #, Etc.

City

Gainesville

State

FL

Zip Code

32605

600024266116

10/30/03--01009--014 #4930.00

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

Michael A. Collins

REGISTERED AGENT MUST SIGN

Date 8-18-03

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
<u>P</u>	<u>Michael A. Collins</u>	<u>3927 NW 21st St</u> <del>Gainesville</del>	<u>Gainesville, FL</u> <u>32605</u>
<u>VP</u>	<u>Marshall J. Baxter</u>	<u>3927 NW 21st St</u>	<u>Gainesville, FL</u> <u>32605</u>
<u>S</u>	<u>Andrew Patrick</u>	<u>3927 NW 21st St</u>	<u>Gainesville, FL</u> <u>32605</u>

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 A. Collins

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

8-18-03

Date

352-372-9300

Daytime Phone #

CR2ED081 (10/02)

*zh*