

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

142

CORPORATION



FLORIDA DEPARTMENT OF STATE

Jim Smith

Secretary of State

DIVISION OF CORPORATIONS

FILED

02 OCT 25 PM 3:21

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P94000051879

1. Corporation Name

Quick Response Tree Works Inc

500008591865

10/25/02--01046--021 \*\*150.00

2002 UBR

2. Principal Office Address

10421 Johnny Davis Trail  
Suite, Apt. #, etc.

3. Mailing Office Address

10421 Johnny Davis Trail  
Suite, Apt. #, etc.

City & State

Lithia, FL

City & State

Lithia, FL

Zip

33547

Country

Hillborough

Zip

33547

Country

Hillborough

4. Date Incorporated or Qualified  
To Do Business in Florida

7/8/94

5. FEI Number

593255932

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 A. Collins

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

10421 Johnny Davis Trail

Suite, Apt. #, Etc.

City

Lithia

State

FL

Zip Code

33547

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 A. Collins*

REGISTERED AGENT MUST SIGN

Date 10/16/02

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
Pres	William A. Collins	10421 Johnny Davis Trail	Lithia FL 33547
V.P.	Debra L. Collins	10421 Johnny Davis Trail	Lithia, FL 33547

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:

*William A. Collins*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10/16/02

Date

(813) 681-5696

Daytime Phone #

CR25081 (9/01)

10/17/2002

Department of State Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

To Whom It May Concern:

I am requesting a provision for waiver for reinstatement fee, for Quick Response Tree Works Inc. Due to non receipt of uniform business report.

We have moved our new address is on the reinstatement application. On January 18, 2001 an address change was made, but according to your records not received.

I have enclosed the reinstatement application along with a check for \$150.00.  
Your prompt attention to this matter will be greatly appreciated.

Thank you,



William A. Collins  
10421 Johnny Davis Trail  
Lithia, FL 33547  
Document # P94000051879  
FEI # 593255932