

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State

DIVISION OF CORPORATIONS

1982
FILED

01 NOV -5 PM 5:28

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **005000091349**

1. Corporation Name

Caribbean Tree Services, Inc.

2. Principal Office Address

5030 NW 16 Court

Suite, Apt. #, etc.

City & State

Landerhill Florida

Zip

33313

Country

Broward

3. Mailing Office Address

5030 N.W. 16 Court

Suite, Apt. #, etc.

City & State

Landerhill Florida

Zip

33313

Country

Broward

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

11/17/95

5. FEI Number

65-0625462

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

Chuck Mogbo, P.A.

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

2800 W. Oakland Park Boulevard

Suite, Apt. #, Etc.

Suite 209

City

Oakland Park

State

FL

Zip Code

33311

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

Chuck Mogbo

Date **10/29/01**

REGISTERED AGENT MUST SIGN

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	T. W. Edwms Jr	5030 NW 16 CT.	Landerhill FL 33313
			700004700657--5 -11/30/01--01055--032 ****965.00 ****965.00

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: ☒

T. W. Edwms Jr

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

10/29/01 (954) 486-3960

Daytime Phone #

CR2E081 (9/00)

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CARIBBEAN TREE SERVICE, INC.
5030 N.W. 16TH COURT
LAUDERHILL, FL 33311

October 29, 20001

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

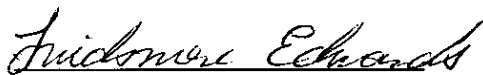
RE: CARIBBEAN TREE SERVICE, INC.
203. REINSTATEMENT (CORP.) EIN #: 65-0625462

Dear Sirs:

Please be advised that we are late in filing the above-mentioned form as we did not receive the form. Your office confirmed that it was mailed to our previous address, 560 Turner Storage, Fort Lauderdale, FL 33311. Our current address is:- **5030 NW 16th Court, Lauderhill, FL 33313.**

We are hereby requesting that you waive the interest and penalty which might have been applied due to this error.

Sincerely,
CARIBBEAN TREE SERVICE, INC.


TWIDSMERE EDWARDS
President