## 2005 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P96000098095  I. Emily Name NATIVE TREE AND LAWN EXPERTS, INC.  Making Address  Mak		KEINSI	WIEIAIEIA I	<del></del>		<del>_</del>				
Principal Prace of Business 13222 STAR ROAD BROOKSVILLE, FL 34613 US  2. Principal Prace of Business Suita, Apr. 4, etc.  City 4 State  City 5 State  City 4 State  City 5 State  City 6	DOCU	MENT # P9600009	8095	<b>1</b>						
13222 STAR ROAD BROOKSVILLE, FL 34613 US  Suite, April 4, etc.  Suite,										
13222 STAR ROAD BROOKSVILLE, FL 34613 US  Suite, April 4, etc.  Suite,					69					
BROOKSVILLE, FL 34613 US  BROOKSVILLE, FL 34613 US  Sulta, April, #, etc.  Sulta, April, #, etc.  Sulta, April, #, etc.  Sulta, April, #, etc.  City & State	Principal Plac	ce of Business	Mailing Address			7				
2. Principal Placo of Business   3. Mailing Address   Suite Apr. #, etc.   Sp. 3414143   Application   Provided For Sp. 3414143   Provided For New Application   Provided For Sp. 3414143   Provided For Sp. 3414144   Provided For Sp. 3414144   Provided For Sp. 3414144   Provi										
Suite, Apt. #, etc.    Suite, Apt. #, etc.   Suite, Apt. #, etc.	BROOKSVILL	.E, FL 34613 US	BROOKSVILLE, FL 346	BROOKSVILLE, FL 34613 US						
Suite, Apt. #, etc.    Suite, Apt. #, etc.   Suite, Apt. #, etc.	LITERINE IN TOWN BOWN BOWN BOWN BOWN BOWN BOWN BOWN B									
City & State  State of Status Desired  State of State of State of Status Desired  State of	2. Principal F	Place of Business	1							
Sp. 3414143   Not Applicable   Sp. 3414143   Not Applicable   Sp. 3414143   Not Applicable   Sp. 3414143   Not Applicable   Sp. 3414143   Sp	Suite, Apt. #, etc.		Suite, Apt. #, etc.			REMS	TATEM	E 12 E 098 46	104	
SR. Name and Address of Current Registered Agent  For Name and Address of Current Registered Agent  For Name and Address of Name Requisered  For Name and Address of Name Requisered  For Name and Address of Name Requisered Agent  For Name and Address of Name Requisered  For Name and Address of Name Requisered  For Name and Address of Name Requisered Agent  For Name and Address of Name Required Agent  For Name and Address of Name R	City & Stat	te	City & State							
Section   Fee Required   Fee Requi	Zip	Country	Zip Country		ry	SQ 75 Additional				
Street Address (P.O. Box Number is Not Acceptable)				· · · · · · · · · · · · · · · · · · ·				Fee Re		
Street Address (P.O. Box Number is Not Acceptable)		6. Name and Address of Curren	t Registered Agent	Name	7Name and	i Address of New R	legistered Agent-			
BROOKSVILLE, FL 34613  City FL Zip Code  8. The above named crisity submits this statement for the purgose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, and believe the state of Florida. I am familiar with, and accept the obligations of registered agent.  SIGNATURE  FILE NOW!!! FEE 18 \$750.00  After January 1, 2006, Fee will be \$900.00  ITILE  OFFICERS AND DIRECTORS  ITILE  JENKS, JULIO G SR  SITERIADORSS  CITY-51-79  BROOKSVILLE, FL 34613  CITY-51-79  ITILE  Oelebe  ITILE  Oelebe  TITLE  OELebe  OETT-51-79  TITLE  OELebe  TITLE  OELebe  OETT-51-79  TITLE  OELebe  TITLE  OELebe  OETT-51-79  TITLE  OELebe  OETT-51-79  TITLE  OELebe  TITLE  OELebe  OETT-51-79  TITLE  OELebe  TITLE  OELebe  OETT-51-79  TITLE  OELebe  OETT-51-79  TITLE  OELebe  OETT-51-79  TITLE  OELebe  TITLE  OELebe  OETT-51-79  TITLE  OELebe  OETT-51-79	JENKS, JULIO G									
E. The above named entity submits this statement for the purpose of changing its registered diffice or registered agent, or both, in the State of Florida. I am familiar with, and accept res obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept res obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept res obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept res obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept res obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept res obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept res obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept res obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept res obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept res obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept res obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept residues and part of Florida. I am familiar with, and accept registered agent, or both, in the State of Florida. I am familiar with, and accept registered agent, or both, in the State of Florida. I am familiar with, and accept registered agent, or both, in the State of Florida. I am familiar with, and accept registered agent, or both, in the State of Florida. I am familiar with, and accept registered agent, or both, in the State of Florida. I am familiar with, and accept registered agent, or both, in the State of Florida. I am familiar with, and accept registered agent, or both, in the State of Florida. I am familiar with, and accept registered agent, or both, in the State of Florida. I am familiar with a general segment registe				Street Addre			s (P.O. Box Number is Not Acceptable)			
8. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.    Signature	BROOKSVILLE, FL 34613									
8. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.    SIGNATURE				-	City			F1 Zip	Code	
SIGNATURE    FILE NOW!!! FEE IS 5750.00   After January 1, 2006, Foe will be \$900.00	B. The above	named entity submits this statement t	or the nurnose of channing its	registere	d office or regist	tered agent, or bo	ath in the State of Flo		with and accent	
FILE NOWIII FEE IS \$750.00 After January 1, 2006, Fee will be \$900.00  10. OFFICERS AND DIRECTORS										
FILE NOWIII FEE IS \$750.00 After January 1, 2006, Fee will be \$900.00    Price   Price	SIGNATURE ALL JULIO A. TOUKS 12-4-05									
After January 1, 2006, Fee will be \$900.00  10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11  TITLE    PT	DATE  One of printed name regulated agent and title if applicable. (NOTE: Registered Agent algusture required when reinstating)  DATE									
After January 1, 2006, Fee will be \$900.00  10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11  TITLE    PT										
TITLE   PT			00				İ			
TITLE   PT	10	OFFICERS ANI	1 SIBECTORS	111		ADDITIONS	CHANGES TO OFF	ICERS AND DIREC	TORS IN 11	
MAME   JENKS, JULIO G SR   STREET ADDRESS   STREET ADDR				_	<del></del>	ADDITIONS	CHANGES TO GIT			
TITLE NAME STREET ADDRESS CITY-ST-2P STREET ADDRESS CITY-ST-2P TITLE NAME STREET ADDR	· -	1								
TITLE NAME STREET ADDRESS CITY-ST-2P STREET ADDRESS CITY-ST-2P TITLE NAME STREET ADDR						. 그년 12709		11355	360 00	
NAME SIREET ADDRESS CITY-ST-2P BROOKSVILLE, FL 34613  ITILE Delete TITLE STREET ADDRESS CITY-ST-2P TITLE Delete TITLE NAME STREET ADDRESS CITY-ST-2P TITLE NAME STREET ADDRESS CITY-ST-2P TITLE Delete TITLE NAME STREET ADDRESS CITY-ST-2P TITLE NAME STREET ADDRESS CITY-ST-2P TITLE Delete TITLE NAME STREET ADDRESS CITY-ST-2P TITLE Delete TITLE NAME STREET ADDRESS CITY-ST-2P TITLE NAME STREET ADDRESS CITY-ST-2P TITLE NAME STREET ADDRESS CITY-ST-2P TITLE Delete TITLE NAME STREET ADDRESS CITY-ST-2P TITLE NAME NAME NAME STREET ADDRESS CITY-ST-2P TITLE NAME NAME NAME NAME NAME NAME NAME NAM			□ Paleta	_		16.7 ()	200701021			
CITY-ST-ZIP  BROOKSVILLE, FL 34613  CITY-ST-ZIP  ITILE  Delete  TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP  TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP  TITLE  Delete  TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP  TITLE  Delete  TITLE  Delete  TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP  TITLE  Delete  TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP  TITLE  NAME  STREET ADDRESS  CIT	l		C Delete						ange	
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-S				STREE	T ADDRESS					
NAME STREET ADDRESS CITY-ST-ZIP    Oelete		BROOKSVILLE, FL 34613								
STREET ADDRESS CITY-ST-ZIP  TITLE    Delete   TITLE   Delete   NAME   STREET ADDRESS   CITY-ST-ZIP   Delete   TITLE   Delete   NAME   STREET ADDRESS   CITY-ST-ZIP   Delete   TITLE   Delete   D					1		_	☐ Ch	ange	
TITLE NAME STREET ADDRESS CITY-ST-ZIP  TO Change Addition Addition NAME STREET ADDRESS CITY-ST-ZIP  TITLE NAME NAME STREET ADDRESS CITY-ST-ZIP  TO Change Addition NAME STREET ADDRESS CITY-ST-ZIP  TO Change Addition NAME STREET ADDRESS CITY-ST-ZIP  TO Change NAME NAME NAME NAME NAME NAME NAME NAME	i				- 1			\ <del>-</del>		
NAME STREET ADDRESS CITY-ST-ZIP  TITLE NAME STREET ADDRESS CITY-ST-ZIP  TO Change Addition Addition STREET ADDRESS CITY-ST-ZIP  TO Change Addition STREET ADDRESS CITY-ST-ZIP  T	C1TY+ST-ZIP			CITY-	ST-ZIP					
STREET ADDRESS CITY-ST-ZIP  TITLE NAME STREET ADDRESS CITY-ST-ZIP  12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.	1		☐ Delete					☐ Ch	ange 🔲 Addition	
CITY-ST-ZIP  TITLE NAME STREET ADDRESS CITY-ST-ZIP  12. Hereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.	i	•								
TITLE  NAME STREET ADDRESS CITY-ST-ZIP  1. Hereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.	1				l l					
NAME STREET ADDRESS CITY-ST-ZIP  TITLE NAME STREET ADDRESS CITY-ST-ZIP  TITLE NAME STREET ADDRESS CITY-ST-ZIP  12. I hereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.	TITLE		☐ Delete	-				Ch	ange 🔲 Addition	
CITY-ST-ZIP  TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP  12. I hereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.	1			NAME						
TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP  12. I hereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.										
NAME STREET ADDRESS CITY-ST-ZIP  12. I hereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.			□ Balata		·			ПА	ange 🗆 Addition	
CITY-ST-ZIP  12. I hereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.	1		LI Delete						ango [_] Muuliiuti	
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.										
of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.		L								
	of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if									
	SIGNAT	rure: Muslica /	O jeulis M	<u>isliq</u> (	el A.	Jenks	12-4-05	3525	964311	

B Mitchell DEC 9 2005