

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

03 NOV -4 PM 12:19

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P97000020259

1. Corporation Name

Willis Tree Service Inc

2. Principal Office Address

6821 TAMM L.N.

Suite, Apt. #, etc.

City & State

Jacksonville FL

Zip

32216

Country

USA

3. Mailing Office Address

6821 TAMM L.N.

Suite, Apt. #, etc.

City & State

Jacksonville FL

Zip

32216

Country

USA

REINSTATEMENT

09-03

4. Date Incorporated or Qualified
To Do Business in Florida

8-13-97

5. FEI Number

893313191

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$38.75 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

Daniel A. Japour

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

333-1 E Main Rd St

Suite, Apt. #, Etc.

City

Jacksonville

State

FL

Zip Code

32202

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

Daniel A. Japour

REGISTERED AGENT MUST SIGN

Daniel A. Japour

Date

11-3-03

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
Pres	Ken Willis	6821 TAMM L.N.	Jacksonville FL 32216
Sigs	BJ Willis	6821 TAMM L.N.	Jacksonville FL 32216

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

BJ Willis

Date

11-3-03

Daytime Phone #

904-724-0548

CR2E081 (10/02)