	PLEAS	<u>E READ A</u>	<u>ALL INST</u>	<u> </u>	<u>S BEFORE (</u>	COMPLET	ING THIS FORM.		
APPLICA	TION	OF THE STOP	FLORID	A DEPA <del>Ñ</del> ME	NT OF STATE			•	
FOR				Katherine H					
REINSTATE				Secretary of			<b> FHED</b>		
		(1-7-5-7	0	IVISION OF CORPO	DRATIONS	-	h Bern lana Graf		
DOCUMENT # POUCOBATION  1. Corporation Name ULTIMATE TREE SERVICE, I					IN L.	00 FEB 21 PM 1: 16			
7. Corporation Hame	0611	Mu. = 1	RRE.	7	,		SECRETARY OF S	TATE	
	ι						TALLAHASSEE, FLI	ORIDA	
Principal Place of Busi	iness	^	Mailing Addr	ess	PAIC.	1			
	ULTIM	いてる。アル	ኒቪዬ ይጸ	ERUICE,		}			
	6401	Kylie	CONNT	12 /1 ()	-	man a a sa sa		10	
r.		ota 12				ensi	ATEMENT		
2 New Principal Office			ough incorrect information and enter correction below.  3. New Mailing Office Address, If Applicable			Date Incorporated or Qualified			
sare as a how				eas abr	v0	To Do Business in Florida April 6,1998			
Suite, Apt. #, etc.			Suite, Apt. #,	etc.		5. FEI Number Applied For			
City & State			City & State			65-084 838 4 Not Applicable			
Zip	Country		Zip	Count	try	6. CERTIFICATI		Additional Fee required a Certificate of Status	
7. Names and Street A	Addresses of Ea	ch Officer and/o	r Director (Flo	rida nonprofit corpo	rations must list at lea	st 3 directors)		11 200	
Name of Officers Street Address of Each Title(s)									
1 2 3 (Do1					Use Post Office Box Numbers) 4				
Pres William Size more Direter U.P				6401 Kylie Cour			Saraxota Ri	34240	
		20 mon 6	>	(110)	11 Sin C 1		sanasoka EL	34240	
S.T. Kei				6401	Kylie Col	,γ· , 			
Dute o.						<u></u>			
						يان:	000031445 -02/23/0001	133 <del>102</del>	
					****308.75 *****308.75				
		<del></del>			<u> </u>				
					<del></del>	F9 1			
8. Name and Address of Current Registered Agent 9. Name and Name							Address of New Registered Age		
Richard N. Allink Barris						P.O. Box Number is Not Acceptable)			
Richard D. Alfrid K. Begin Street Address  7088 Howtlenno St. Suite Address  Suite Address						SVP.O. Box Number is Not Acceptable) 명			
						Apt. #, Etc.			
Sorascta 12/2 34239					City State Zip Code				
				^			FL		
10. I, being appointed	the registered a	gent of the abov	e nameli como	oration, am familias v	with and accept the ot —	oligations of Secti	``````````````````````````````````````		
Signature of Registered Age		() BEC	STERES AG	ENT MUST SIGN	<u> </u>		Date 2/4/2000	<u> </u>	
dd This saw									
11. This corp				ear ie June 30.	Yes	□ No [∑	(See other side fr on intangib		
		-							
this reinstatement a owed by the corpor	application, the ration have beer	eason for disso) paid and the na	ution has been ames of individ	eliminated, the corp uals listed on this fo	orate name satisfies	the requirements an exemption und	pter 607 or 617, F.S. I further cel of section 607.0401 or 617 0401 der section 119.07(3)(i), F.S. The	, F.S., that all fees	
	/	/	1						
SIGNATURE:	1	a Selel	U			2	/ <u>4/2000</u> 941 9.2 Date Daytin	3-3538	
SIGNATURE: 4	SIGNATURE AND	TYPED OR PRIN	TED NAME OF	LIGNING OFFICER OF	PIRECTOR IN N	<u> </u>	Date Daytin	ne Phone #	
	140 alos	T WIIII	1m >/	-1211010	Stownson				