

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Jim Smith
Secretary of State
DIVISION OF CORPORATIONS

FILED

03 JAN 24 AM 11:56

DOCUMENT # P98000032176

1. Corporation Name

ULTIMATE TREE SERVICE, INC.

SECRETARY OF STATE
TALLAHASSEE, FLORIDA
900009223529
11/26/02--01052--004 **\$600.00

Principal Place of Business

6401 KYLIE COURT
SARASOTA FL 34240

Mailing Address

6401 KYLIE COURT
SARASOTA FL 34240

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

6950 Webber Rd
Suite, Apt. #, etc.

3. New Mailing Office Address, If Applicable

6950 Webber Rd
Suite, Apt. #, etc.

4. Date Incorporated or Qualified
To Do Business in Florida

04/06/1998

5. FEI Number

65-0848354

☒ Applied For

☐ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
PD	SIZEMORE, WILLIAM	6401 KYLIE COURT 6950 Webber Rd	SARASOTA FL 34240
VPSD	SIZEMORE, KELLIE	6401 KYLIE COURT 6950 Webber Rd	SARASOTA FL 34240

8. Name and Address of Current Registered Agent

SIZEMORE, WILLIAM
6401 KYLIE COURT
SARASOTA FL 34240

9. Name and Address of New Registered Agent

Name
WILLIAM SIZEMORE
Street Address (P.O. Box Number is Not Acceptable)
6950 Webber Rd
Suite, Apt. #, etc.
SARASOTA
State
FL
Zip Code
34240

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S. or 617.0505, F.S.

Signature of
Registered Agent

SIGNATURE REQUIRED
Pres.
REGISTERED AGENT MUST SIGN

Date

11-11-02

11. 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 REQUIRED
WILLIAM R SIZEMORE
Signature and Typed or Printed Name of Signing Officer or Director

PRES.

Date

1-20-03
(941) 379-8204
Daytime Phone #

CR2E040 (8/02)