

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

11 SEP 26 PM 4:48

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P98000045092

1. Corporation Name

TREE CAPITAL CLEANING SERVICES, INCORPORATED

2. Principal Office Address - No P.O. Box #

2305 AV BRANNEN RD

3. Mailing Office Address

2305 AV BRANNEN RD

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

PERRY, FL

City & State

PERRY, FL

Zip

32347

Country

US

Zip

32347

Country

US

4. Date Incorporated or Qualified
To Do Business in Florida

05/15/98

5. FEI Number

59-3522824

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

DONALD HINES, JR

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

2305 AV BRANNEN RD

Suite, Apt. #, Etc.

City

PERRY

State

FL

Zip Code

32347

000212561020
09/27/11--01002--012 **550.00

000212561020
09/27/11--01002--014 **500.00

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

Donald R. Hines

REGISTERED AGENT MUST SIGN

Date

9-26-11

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
P	DONALD R HINES	2305 AV BRANNEN RD	PERRY, FL 32347
S	LUCERO HINES	2305 AV BRANNEN RD	PERRY, FL 32347

10. E-mail Address: CARPETCLN1@GTCOM.NET

(To be used for future annual report notification)

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., and that all fees owed by the corporation have been paid. I further certify, the information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

SIGNATURE:

Donald R. Hines

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

9-26-11

Daytime Phone #

REINSTATEMENT 09-11

CR2E081 (11/10)

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