

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

01 OCT 16 PM 3:16

DOCUMENT # P98000082717

1. Corporation Name

AllState Tree, Inc.

2. Principal Office Address

1209 NECK RD.

Suite, Apt. #, etc.

3. Mailing Office Address

Same

Suite, Apt. #, etc.

City & State

Ponte Vedra, FL

City & State

Zip

32082

Country

US

Zip

Country

4. Date Incorporated or Qualified  
To Do Business in Florida

9/98

5. FEI Number

59-3528122

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required  
for a Certificate of Status

REINSTATEMENT

7. Name and Address of Current Registered Agent

Name

Jeffrey E. Osborne

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

1209 NECK RD.

Suite, Apt. #, Etc.

City

Ponte Vedra

State

FL

Zip Code

32082

400004655174-9

-10/26/01--01055--023

\*\*\*\*908.75 \*\*\*\*908.75

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

Jeffrey E. Osborne

REGISTERED AGENT MUST SIGN

Date 10/12/01

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.	<u>Jeffrey E. Osborne</u>	<u>1209 NECK RD. P.O. #320</u>	<u>Ponte Vedra, FL 32082</u>
V.P.	<u>Kelli D. Osborne</u>	<u>1209 NECK RD.</u>	<u>Ponte Vedra, FL 32082</u>

AD

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

Jeffrey E. Osborne

Date 10/12/01 Daytime Phone # 904-280-2555

CR2E081 (9/00)