

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

2006 OCT 23 PM 12:12

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 899000018734

1. Corporation Name

MAJESTIC TREE SURGEON, INC

2. Principal Office Address

150 HACIENDA DR.

Suite, Apt. #, etc.

3. Mailing Office Address

150 HACIENDA DR

Suite, Apt. #, etc.

City & State

MERRITT ISLAND, FL

City & State

MERRITT ISLAND, FL

Zip

32592

Country

USA

Zip

32592

Country

USA

4. Date Incorporated or Qualified
To Do Business in Florida

2-26-1999

5. FEI Number

59-3570562

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

JOY MYERS

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

150 HACIENDA DR

Suite, Apt. #, Etc.

City

MERRITT ISLAND

State
FL

Zip Code

32592

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

Joy Myers

REGISTERED AGENT MUST SIGN

Date **10-19-06**

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	PHILIP L MYERS	150 HACIENDA DR	MERRITT ISLAND FL 32592

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 contained in Chapter 119, 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: X

Philip L Myers

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10-19-06

Date

321-432-2646

Daytime Phone #

10/27/06