DOCUMENT # 7990000 Zldo ZD

1. Entity Name

04 APR 21 PM 3:52

J. D. Tree Service, INC.				04 APR 21 PM 3: 52		
				SECRETARY OF ST TALLAMASSEE, PLO	ATE RIDA	
DO NOT WRITE IN THIS SPACE				10003343	99271	
2. Principal Place of Business 9300 Pine Apple Rd. 3. Mailing Address 9300 Pine Apple			le Rd.	04/21/0401048007 **300.00		
Suite, Apt. #, etc. Suite, Apt. #, etc.				TELLO AND WITH	in the space 5-09	
City & State City & State H. Myers, FL		7	4. FEI Number Applied For Not Applied For Not Applicable			
Zip 3 391	2 Country		Country U.S	5. Certificate of Status Desired	\$8.75 Additional Fee Required	
		· · · · · · · · · · · · · · · · · · ·	Name	7. Name and Address of Current R	egistered Agent	
DO NOT WRITE				vess (P.O. Box Number is Not Acceptable)		
IN THIS SPACE			9300	9300 Pine apple Rd.		
			City . M.	1. Myers FL Zip Code 912		
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.						
SIGNATURE	Signature, typed or printed name of registered agent are	od title if applicable. (NOTE: R	egistered Agent signature requi	red when reinstating)	DATE	
9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) January 1 - May 1 After May 1, Fe Amended UBI Make Check Payable to			Fee is \$550.00 JBR is \$61.25	10. Election Campaign Finar Trust Fund Contribution.	scing \$5.00 May Be Added to Fees	
11. TITLE	OFFICERS AND D	DIRECTORS	TITLE			
NAME STREET ADDRESS	JAMES D. King of		NAME STREET ADDRESS			
CITY-ST-ZIP	H. MyESS, FL 33912	2	CITY-ST-ZIP			
TITLE NAME			TITLE Name	•		
STREET ADDRESS CITY-ST-ZIP		-	STREET ADDRESS City-St-Zip			
TITLE			TITLE		ه سینی نسیجه	
NAME STREET ADDRESS			NAME STREET ADDRESS	DO NOT V	WDITE	
CITY-ST-ZIP TITLE			CITY-ST-ZIP			
NAME STREET ADDRESS			NAME STREET ADDRESS	IN THIS S	PACE	
CITY-ST-ZIP			CITY-ST-ZIP			
TITLE NAME			TITLE NAME		ar s s	
STREET ADDRESS CITY-ST-ZIP			STREET ADDRESS CITY-ST-ZIP			
TITLE			TITLE	<u> </u>		
NAME STREET ADDRESS			NAME STREET ADDRESS			
CITY-ST-ZIP			CITY-ST-ZIP			

13. Thereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034B (12/01)

J D TREE SERVICE, INC. 9300 Pineapple Rd. Ft. Myers, Fl 33912

Re: P99000026620

Dear Sirs:

This letter is to ask for reinstatement of my corporation as I did not receive notice for renewal. I have enclosed a check for \$300 which is for 2 years. Please waive the reinstatement fee.

Sincerely,

James King