

2009 FOR PROFIT CORPORATION REINSTATEMENT

FILED

09 MAR 24 PM 1:38
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P99000026620					
1. Entity Name J.D. TREE SERVICE, INC.					
Principal Place of Business 8300 PINEAPPLE ROAD FT. MYERS, FL 33912			Mailing Address 9300 PINEAPPLE ROAD FT. MYERS, FL 33912		
2. Principal Place of Business - No P.O. Box #			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country	Zip		Country
4. FEI Number 85-0905008				Applied For ☐ Not Applicable	
5. Certificate of Status Desired ☐				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent KING, JAMES D 9300 PINEAPPLE ROAD FT. MYERS, FL 33912			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code		
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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE _____ Signature typed or printed name of registered agent and title if applicable (If Other Registered Agent signature required when re-instating) DATE _____					
FILE NOW!!! FEE IS \$300.00			In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	D	☐ Delete	TITLE	☐ Change ☐ Addition	
NAME	KING, JAMES D		NAME		
STREET ADDRESS	8300 PINEAPPLE ROAD		STREET ADDRESS		
CITY-ST-ZIP	FT. MYERS, FL 33912		CITY-ST-ZIP		
TITLE	VO	☐ Delete	TITLE	☐ Change ☐ Addition	
NAME	KING, SHERRI		NAME		
STREET ADDRESS	9300 PINEAPPLE ROAD		STREET ADDRESS		
CITY-ST-ZIP	FT. MYERS, FL 33912		CITY-ST-ZIP		
TITLE		☐ Delete	TITLE	☐ Change ☐ Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE	☐ Change ☐ Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE	☐ Change ☐ Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 807, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all or no like empowered.					
SIGNATURE: <i>Sherr King</i>			3-19-09		
SIGNATURE AND TYPED OR PRINTED NAME OF EACHING OFFICER OR DIRECTOR			Date		

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