

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION
REINSTATEMENT

DEPARTMENT OF STATE
Tallahassee, Florida
Secretary of State
DIVISION OF CORPORATION

FILED

01 JUN 13 PM 1:08

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **0990000045052**

1. Corporation Name

Sun State Trees & Property Maintenance, Inc.

2. Principal Office Address

East State Road

Suite, Apt. #, etc.

134 131-B

City & State

Longwood, Florida

Zip

32750

Country

USA

3. Mailing Office Address

131-B East State

Suite, Apt. #, etc.

Road 434

City & State

Longwood, Florida

Zip

32750

Country

United States

4. Date Incorporated or Qualified
To Do Business in Florida

5. FEI Number

59-3578530

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

Dorothy J. Nellis

000004457980-3

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

131-B East State Road 434

-07/03/01--01041--026

******300.00 ****300.00**

Suite, Apt. #, Etc.

City

Longwood

State

FL

Zip Code

32750

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

Dorothy J. Nellis

REGISTERED AGENT MUST SIGN

Date **6/9/01**

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
owner	Randall A. Nellis	858 Wilshire Ave.	Longwood, FL 32750
Secretary	Dorothy J. Nellis	858 Wilshire Ave.	Longwood, FL 32750
			LS

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:

Dorothy J. Nellis
Dorothy J. Nellis

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5/07/01 **407-331-8905**
Date Daytime Phone #

CR2E081 (9/00)