

2005 FOR PROFIT CORPORATION REINSTATEMENT

B3 132
FILED
05 DEC 16 AM 9:34
TALLAHASSEE, FLORIDA

DOCUMENT # P99000066774 1. Entity Name A & M TREE TRIMMING & LANDSCAPING, INC.					
Principal Place of Business 1804 NW 19TH STREET FT. LAUDERDALE, FL 33311			Mailing Address 1804 NW 19TH STREET FT. LAUDERDALE, FL 33311		
2. Principal Place of Business 5416 NW 10TH TERR		3. Mailing Address 5416 NW 10TH TERR			
Suite, Apt. #, etc. 		Suite, Apt. #, etc. 			
City & State FT. LAUDERDALE, FL		City & State FT. LAUDERDALE, FL		4. FEI Number 65-0934370	
Zip 33309		Country USA		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent MCCRAY, DARREN M 3345 NW 21ST ST. LAUDERDALE LAKES, FL 33321			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>		
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 _____ (NOTE: Registered Agent signature required when reinstating) Signature, typed or printed name of registered agent and title if applicable. DATE _____					
FILE NOW!!! FEE IS \$150.00 After January 1, 2006, Fee will be \$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 NAME STREET ADDRESS CITY-ST-ZIP	PD MCCRAY, DARREN M 3345 NW 21ST ST. LAUDERDALE LAKES, FL 33321		<div style="text-align: center;"> REINSTATEMENT 05 T. Roberts DEC 20 2005 </div>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
12. I hereby 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.					
SIGNATURE: X <u><i>Darren M. Cray</i></u> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			12/7/05 Date Daytime Phone #		

PJ 2082

OCTOBER 20, 2005

RE: A + M TREE TRIMMING + LANDSCAPING, INC

I DIDN'T RECEIVE MY RENEWAL CERTIFICATION AND THE NOTICE OF DISSOLUTION OR REVOCATION WAS MY FIRST NOTICE. I AM ENCLOSED A 2005 FOR PROFIT CORPORATION REINSTATEMENT AND A CHECK FOR \$150.00 WHICH WAS DOWNLOADED WITH THE CHECK FOR NO PRIOR NOTIFICATION.

I hope you will accept this REINSTATEMENT AND I AM THANKING YOU IN ADVANCE FOR YOUR HELP IN THIS MATTER.

SINCERELY

x Dan McCray

DARREN M. MCCRAY