

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

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**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # P990006690830

1. Corporation Name

Lookout Below Tree Service Inc.

2. Principal Office Address

921 East Oak St.

Suite, Apt. #, etc.

3. Mailing Office Address

Same

Suite, Apt. #, etc.

City & State

Apopka FL.

City & State

Zip

32703

Country

U.S.A.

Zip

Country

REINSTATEMENT 04-06

CR2E081 (12/05)

4. Date Incorporated or Qualified  
To Do Business in Florida

1/27/2000

5. FEI Number

59-3618697

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

William B. Singleton Jr.

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

440 Knoll Tree Ln. 500076640916

Suite, Apt. #, Etc.

City

Apopka, FL.

State

FL

Zip Code

32712

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

William B. Singleton Jr.

REGISTERED AGENT MUST SIGN

Date

5/23/06

**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
<u>Pres.</u>	<u>William B. Singleton Jr.</u>	<u>440 Knoll Tree Ln.</u>	<u>Apopka FL 32712</u>
<u>Tres.</u>	<u>Paul Drummond</u>	<u>32396 Wolf Branch Ln.</u>	<u>Sorrento FL 32776</u>

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:

William B. Singleton Jr.

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5/23/06

Date

(407) 889-9577

Daytime Phone #

292

6/13/06

Department of State,

We never received any of our notices <sup>2004</sup> because  
we had the wrong address on our form.

It was an honest mistake, please work  
with us on this issue.

Sincerely,

William B. Ingelton

Pres. Sect. of the Below Free Service Am.