


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**FILED**

02 MAR -4 AM 11:40

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**CORPORATION REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
Secretary of State  
DIVISION OF CORPORATIONS

**DOCUMENT #** 931360

**1. Corporation Name**  
Bill's Tree Trimming and Removal Inc.  
14768

<b>2. Principal Office Address</b> 14768 19th Street North Suite, Apt. #, etc.		<b>3. Mailing Office Address</b> Same Suite, Apt. #, etc.	
City & State Loxahatchee		City & State	
Zip 33470	Country U.S.A	Zip	Country

**4. Date Incorporated or Qualified To Do Business in Florida**

**5. FEI Number** 65-0239633

Applied For	Not Applicable
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**6. CERTIFICATE OF STATUS DESIRED**  **\$8.75 Additional Fee required for a Certificate of Status**

*00-02*  
*[Signature]*

**7. Name and Address of Current Registered Agent**

Name: **Craig A. Boudreau**

Street Address (P.O. Box Number is Not Acceptable): **2315 South Congress Avenue**

Suite, Apt. #, Etc.

City: **West Palm Beach**

State: **FL** Zip Code: **33406**

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-04/01/02--01084--007  
\*\*\*1050.00 \*\*\*1050.00

**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: *Craig Boudreau* Date: **2-25-02**

REGISTERED AGENT MUST SIGN

**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
P, D	Weeks, William	14768 19th Street North	Loxahatchee FL 33470
V	DeWeese, Hess	6450 Robert Street	West Palm Beach FL 33413
V	Porter, Joseph	6450 Robert Street	West Palm Beach FL 33413

**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:** *William A Weeks* **William A Weeks** Date: **2-25-02** Daytime Phone #: **2561790-6938**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E081 (8/01)