

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



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

DOCUMENT # **V72862**

1. Corporation Name

**ROBERT STUBBS TREE EXPERTS, INC.**

Principal Place of Business

Mailing Address

40141 DARA COURT 2979 Palm Deek Dr.  
BOGA RATON FL 33420 Loxahatchee, FL  
US 33470

40141 DARA CT P.O. Box 248  
BOGA RATON FL 33420 Loxahatchee, FL  
US 33470

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. Date Incorporated or Qualified To Do Business in Florida

10/16/1992

5. FEI Number

65-0364255

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

1	2	3	4
Title(s)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
S	STUBBS, SUSAN	22521 GW 00TH AVE #A110-1386 Riverside Circle	BOGA RATON FL 33420 Wellington, FL 33414
P	STUBBS, BRIAN	40141 DARA COURT-2979 Palm Deek Dr.	BOGA RATON FL Loxahatchee, FL 33470
			400003059604--9 -12/03/99--01015--019 \$\$\$750.00 \$\$\$750.00 LS

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

STUBBS, BRIAN K.

40141 DARA COURT- 2979 Palm Deek Dr.  
SUITE 103 Loxahatchee, FL 33470  
BOGA RATON FL 33420

Name

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

Suite, Apt. #, Etc.

City

State

FL

Zip Code

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.

Signature of Registered Agent

*Brian Stubbs*

REQUIRED

Date 11-15-99

REGISTERED AGENT MUST SIGN

11. 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:

*Brian Stubbs*  
BRIAN STUBBS

REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

11-15-99 954-961-0224  
Date Daytime Phone

CR2000 (09/99)