

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # F96000004476

1. Corporation Name

GREENTREE INCORPORATED OF GEORGIA

Principal Place of Business  
1640 ROADHAVEN DRIVE  
STONE MOUNTAIN GA 30083

Mailing Address  
1640 ROADHAVEN DRIVE  
STONE MOUNTAIN GA 30083

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

4. Date Incorporated or Qualified  
To Do Business in Florida

08/30/1996

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

58-1836497

Applied For

Not Applicable

City & State

City & State

Zip

Country

Zip

Country

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required  
for a Certificate of Status

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

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
PC	CHAMP, STEPHEN	1640 ROADHAVEN DRIVE	STONE MOUNTAIN GA 30083
V	HUNT, TODD	1640 ROADHAVEN DRIVE	STONE MOUNTAIN GA 30083
S	CONNELL, ELIZABETH	1640 ROADHAVEN DRIVE	STONE MOUNTAIN GA 30083

REINSTATEMENT

8. Name and Address of Current Registered Agent

PARKER, TAMMY  
2807 POWERS AVENUE  
JACKSONVILLE FL 32207

9. Name and Address of New Registered Agent

Name

300002374143-9

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

\*\*\*\*750.00 \*\*\*\*750.00

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

*Tammy D Parker*

REGISTERED AGENT MUST SIGN

Date 11/2/97

11. This corporation owes or has paid the current year  
Intangible Personal Property tax due June 30.

Yes ☐ No ☒

(See other side for information  
on intangible tax.)

12. 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:

*Todd H*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

11/26/97

Date

770-938-8080

Daytime Phone #

CR2E040 (8/97)