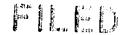
PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION , FOR REINSTATEMENT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham





	PLEASE REA	<u>D ALL INST</u>	RUCTIONS	BEFORE (COMPLET	ING THIS FO	RM.		
AP	PPLICATION FOR NSTATEMENT	DI	Sandra B. Mo Secretary of VISION OF CORPO	State		tart Vun			
DOC	DOCUMENT # F9600004476 1. Corporation Name GREENTREE INCORPORATED OF GEORGIA					97 DEC 12 PM 2: 04 SECRETARY OF STATE TALLAHASSEE FLORIDA			
GREE									
Principal (Place of Business	Mailing Addre	ess		 				
1640 ROA	ADHAVEN DRIVE IOUNTAIN GA 30083	1640 ROADHAVEN DRIVE STONE MOUNTAIN GA 30083						÷	
If above	addresses are Incorrect in any way, line		nformation and ente		4. Date Incorr	porated or Qualified			
Sulte, Apt	Sulte, Apt. #, etc.		Sulte, Apt. #, etc.			4. Date Incorporated or Qualified To Do Business in Florida 08/30/1996			
City & Sta	City & State		City & State			58-1836497	Applied For Not Applical	-	
Zip	Country	Zip	Country		6. CERTIFICAT			ılred	
7. Names	s and Street Addresses of Each Officer a		rida nonprofit corpor	ations must list at le	ast 3 directors)				
PC V	Name of Officers and/or Directors		Street Address of Each Officer and/or Director 3 (Do NOT Use Post Office Box No		r	C	ity / State / Zip	İ	
PC	CHAMP, STEPHEN			1640 ROADHAVEN DRIVE		STONE MOUNTAIN GA 30083			
٧	HUNT, TODD 1640 ROADH			IVEN DRIVE		STONE MOUNTAIN GA 30083		\neg	
8	CONNELL, ELIZABETH		1640 ROADHAV	EN DRIVE		STONE MOUNTAIN	N GA 30083		
·				<u> </u>	REINS'	TATEME	NT 9 7 9 7 19)	
	8. Name and Address of Curre	ent Registered Age	nt	<u> </u>		Address of New Regis			
PARK	(ER, TAMMY POWERS AVENUE			Name Street Address (000023		3	
E-1	SONVILLE FL 32207			Suite, Apt. #, Etc		****750	.00 ****750.00)	
		<u> </u>		City			State Zip Code		
Signature Registered	of Agent Agent Agent of the	REGISTERED AGE	ا ا	vith and accept the c		Date 11 2	197		
	his corporation owes or tangible Personal Prop			ar Yes 🗌	No 🖾		her side for information on intangible tax.)		
this reli	ly that I am an officer or director or the re instatement application, the reason for d by the corporation have been paid and t application is true and accurate, and m	fissolution has been i the names of individu	eliminated, the corp uals listed on this for	orate name satisfies rm do not qualify for	the requirements an exemption un	of section 607.0401 or	617.0401, F.S., that all fees	- 1	
SIGNA	ATURE: SIGNATURE AND TYPED OR	PRINTED NAME OF S	SIGNING OFFICER OR	DIRECTOR		/26/97 7	70-938-8080 Daylimo Phone #		