PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
08 JAN 22 PM 3:42

REINSTATEMENT 05-07

CR2E081 (1/07)

DOCUMENT # F02000002958

1. Corporation Name

Greentree Management Corporation

2. Principal Office Address - No P.O. Box #		3. Mailing Office Address	
10000 Lincoln Drive West		10000 Lincoln Drive West	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
Suite 5		Suite 5	
City & State		City & State	
Marlton, NJ		Marlton, NJ	
Zip	Country	Zip	Country
08053	Burlington	08053	Burlington

4. Date Incorporated or Qualified To Do Business in Florida 6/10/2002

5. FEI Number 650355938 ☐ Applied For ☐ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒ $6.75 Additional Fee required for a Certificate of Status

7. Name and Address of Current Registered Agent

Name
CT Corporation System

Street Address (P.O. Box Number is Not Acceptable)
1200 South Pine Island Road

Suite, Apt. #, Etc.

City	State	Zip Code
Plantation	FL	33324

☐ The reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the reinstatement fee be waived.

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 Vicki Ann Owens Special Assistant Secretary Date 1/22/08.

REGISTERED AGENT MUST SIGN

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

Title	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
Pres	John Mirenda	10000 Lincoln Drive West, Ste 5	Marlton, NJ 08053
Ast. Sec	Andrea Warren	10000 Lincoln Drive West, Suite 5	Marlton, NJ 08053

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: John Mirenda, President 1/16/2008 856-596-8858

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

FL010 - 1/17/07 C T System Online

Florida Department of State
Division of Corporations
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CORPORATION REINSTATEMENT

GREENTREE MANAGEMENT CORPORATION

Certificate of Status	1
Certified Copy	0
Page Count	02
Estimated Charge	$1,208.75

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