

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT		 FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # F02000002958			
1. Corporation Name Greentree Management Corporation			

REINSTATEMENT
CR2E381 (10/07)

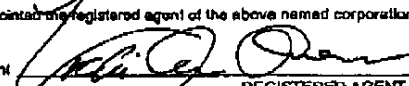
FILED
 SECRETARY OF STATE
 DIVISION OF CORPORATIONS
 08 JAN 22 PM 3:42
 05-07

2. Principal Office Address - No P.O. Box # 10000 Lincoln Drive West Suite, Apt. #, etc. Suite 5 City & State Marlton, NJ Zip 08053		3. Mailing Office Address 10000 Lincoln Drive West Suite, Apt. #, etc. Suite 5 City & State Marlton, NJ Zip 08053	
Country Burlington		Country 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 ☒ \$5.75 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 Plantation	State FL	Zip Code 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 and registered agent of the above named corporation, am familiar with and accept the provisions of section 607.0505 or 617.0503, F.S.	
Signature of Registered Agent 	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 Miranda	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 Miranda, 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 CT System Online

Florida Department of State
Division of Corporations
Public Access System

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To:

Division of Corporations
Fax Number : (850) 617-6384

From:

Account Name : C T CORPORATION SYSTEM
Account Number : FCA000000023
Phone : (850) 222-1092
Fax Number : (850) 878-5926

CORPORATION REINSTATEMENT

GREENTREE MANAGEMENT CORPORATION

Certificate of Status	1
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