PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT

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

FILED
00 DEC 19 PM 12:45
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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****750.00 ****750.00

DOCUMENT # H02682

1. Corporation Name GOLD TREE COMMUNITIES, INC.

REINSTATEMENT 750

2. Principal Office Address	3. Mailing Office Address
8412 14TH AVENUE NORTHWEST	8412 14TH AVENUE NORTHWEST
Suite, Apt. #, etc.	Suite, Apt. #, etc.
BRADENTON, FLORIDA	BRADENTON, FLORIDA
Zip 34209 Country UNITED STATES	Zip 34209 Country UNITED STATES

4. Date Incorporated or Qualified To Do Business In Florida

5. FEI Number 59-254-0652 Applied For Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐ $8.75 Additional Fee required for a Certificate of Status

7. Name and Address of Current Registered Agent

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******8.75 ******8.75

Name: LESTER G. SCHOTT

Street Address (P.O. Box Number is Not Acceptable): 8412 14TH AVENUE NORTHWEST

Suite, Apt. #, Etc.:

City: BRADENTON, FLORIDA State: FL Zip Code: 34209

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 X [signature] Date 12-18-00
REGISTERED AGENT MUST SIGN

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

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
Pres.	Lester G. Schott	8412 14th Avenue NorthWest	Bradenton, Floirda 34209
Treas.	Lester G. Schott	same	same
Secr.	Lester G. Schott	same	same
			LS

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 under section 119.07(3)(i), F.S. The information indicate on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.

941-746-1167

SIGNATURE: X [signature] [signature] 12-18-00
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #