

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

CORPORATION  
REINSTATEMENT

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

SECRETARY OF STATE  
DIVISION OF CORPORATIONS

01 OCT 17 PM 12:11

DOCUMENT # H02682

1. Corporation Name

GOLD TREE COMMUNITIES, INC.

2. Principal Office Address

8412 - 14th Avenue N.W.

3. Mailing Office Address

8412 - 14th Ave. N.W.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City &amp; State

Bradenton, Florida

City &amp; State

Bradenton, Florida

Zip

34209

Country

U.S.A.

Zip

34209

Country

U.S.A.

REINSTATEMENT

4. Date Incorporated or Qualified  
To Do Business in Florida

05/08/1984

5. FEI Number

592540652

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

Name

LESTER G. SCHOTT

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

8412 - 14th Avenue N.W.

Suite, Apt. #, Etc.

City

Bradenton

State  
FLZip 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

Lester G. Schott

REGISTERED AGENT MUST SIGN

Date 10-17-01

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
PTS	LESTER G. SCHOTT	8412 - 14th Avenue, N.W.	Bradenton, Florida 34209

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 indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.

BY: GOLD TREE COMMUNITIES, INC.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Lester G. Schott

Date

Daytime Phone #

Its: President

Division of Corporations

Page 1 of 2

**Florida Department of State**  
Division of Corporations  
Public Access System  
Katherine Harris, Secretary of State

**Electronic Filing Cover Sheet**

**Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.**

**(((H01000107660 2)))**

**Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.**

**To:**

Division of Corporations  
Fax Number : (850)205-0384

**From:**

Account Name : BLALOCK, LANDERS, WALTERS AND VOGLER, P.A.  
Account Number : 076666003611  
Phone : (941)748-0100  
Fax Number : (941)745-2093

**CORPORATION REINSTATEMENT**

**GOLD TREE COMMUNITIES, INC.**

Certificate of Status	1
Certified Copy	0
Page Count	01
Estimated Charge	\$758.75