2008 FOR PROFIT CORPORATION REINSTATEMENT

| Mining Address Mini | DOCUMENT # H74763 1. Entity Name TREE SHAPERS, INC. | Vame | | 08 | 08 DEC -4 PH 2: 4.6 | | | |
|--|--|--------------------------------|--|--|-----------------------------|---------------------------------------|--------------|--|
| Suite, Apt. 4, etc. Suite, Apt. 4, etc. Suite, Apt. 4, etc. 10282008 REIN-P CR2E098 (1/07) | 1604 CLARE AVENUE PO BOX 33299 | | | HATHAN HILLIAM DINAMAN MANAGAMAN AND AND AND AND AND AND AND AND AND A | | | | |
| City & State Country Sauto Country Sauto Sa | 2. Principal Place of Business - No P.O. Box # | 1645 | | | | | | |
| 2p Country 33.4.05 Part Applicable S. Certificate of Status Desired S. Additional Fee Reported S. Certificate of Status Desired S. Additional Fee Reported S. Certificate of Status Desired S. Certificate of Status Desired S. Additional Fee Reported S. Certificate of Status Desired S. Certificate Office of Status Desired Office of Status Desir | Suite, Apt. #, etc. Suite, Apt. #, etc. | | | 10282008 F | REIN-P | CR2E098 (1/07) | | |
| Some and Address of Current Registered Agent To Name and Address of New Registered Agent To Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) | City & State | WPB, FL | - | 1 | 02 | No | t Applicable | |
| Name Street Address (P.O. Box Number is Not Acceptable) | | 33405 | Patmick | <u> </u> | | Fee Required | | |
| Signature Signature Signa | | Name | 7. Name and Add | dress of New Re | gistered Agent | | | |
| B. The above named onlity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligator's act opsistered agent. SIGNATURE Signature lipsed or third registered agent. ONTE: Registered Agent signature registered agent, or both, in the State of Florida. I am familiar with, and accept the obligator's act opsistered agent. INTE FILE NOWILI FEE IS \$150.00 After January 1, 2009, Fee will be \$300.00 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 INTE NAME SIREE ADDRESS CITY-ST-2P INTE MAKE SIREE ADDRESS CITY-ST-2P INTE ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 MAKE SIREE ADDRESS CITY-ST | 1604 CLARE AVENUE | Street Address | Street Address (P.O. Box Number is Not Acceptable) | | | | | |
| SIGNATURE Speakers typous or private Territory agent and their septicable. FILE NOWILL FEE IS \$190.00 After January 1, 2009, Fee will be \$300.00 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 INTE PULLL, CHRISTOPHER W INTE SIRET ADDRESS CITY-ST-2P WEST PALM BEACH, FL 33401 Debte INTE MAKE SIRET ADDRESS CITY-ST-2P INTE MAKE SIRET ADDRESS CITY-ST-2P INTE MAKE SIRET ADDRESS CITY-ST-2P INTE Debte INTE MAKE SIRET ADDRESS CITY-ST-2P INTE MAKE SIRET ADDRESS CITY-ST-2P INTE Debte INTE MAKE SIRET ADDRESS CITY-ST-2P INTE Debte INTE Debte INTE MAKE SIRET ADDRESS CITY-ST-2P INTE Debte INTE Debte INTE Debte INTE MAKE SIRET ADDRESS CITY-ST-2P INTE Debte INTE Debte INTE Debte INTE MAKE SIRET ADDRESS CITY-ST-2P INTE Debte INTE Debte INTE Debte INTE MAKE SIRET ADDRESS CITY-ST-2P INTE Debte INTE Debte INTE MAKE SIRET ADDRESS CITY-ST-2P INTE Debte INTE Debte INTE MAKE SIRET ADDRESS CITY-ST-2P INTE Debte INTE Debte INTE MAKE SIRET ADDRESS CITY-ST-2P INTE Debte INTE MAKE SIRET ADDRESS CITY-ST-2P INTE Debte INTE MAKE SIRET ADDRESS CITY-ST-2P INTE Debte Debte INTE Debte INTE Debte INTE Debte Debte INTE Debte Debte INTE Debte Debte INTE Debte INTE Debte Debte | | | City | | | FL Zip Code | ; | |
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| ARRET Japuary 1, 2009, Fee will be \$300.00 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 ITILE DULL. CHRISTOPHER W SIREET ADDRESS 1700 PRESIDENTIAL WY 107 CITY-ST-ZP ITILE MAME SIREET ADDRESS CITY-ST-ZP TOUR STREET ADDRESS CITY-ST-ZP TITLE MAME SIREET ADDRES | Signature, typed or printed name of registered agent a | no title if applicable. (NOTE: | Registered Agent signature req | guired when reinstating) | | DATE | | |
| TITLE INAME STREET ADDRESS CITY-ST-ZP TITLE TI | I ' | o | | | | | | |
| NAME SIREET ADDRESS CITY-ST-ZIP NAME NAME NAME NAME NAME NAME NAME NAME | I | | | ADDITIONS/CHA | ANGES TO OFFIC | · · · · · · · · · · · · · · · · · · · | | |
| TITLE MAME STREET ADDRESS CITY-ST-ZIP TITLE | NAME DULL, CHRISTOPHER W STREET ADDRESS 1700 PRESIDENTIAL WY 107 | ∟ Delete | NAME STREET ADDRESS | | | ∟ Crange | ☐ Addition | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NA | TITLE NAME STREET ADDRESS | ☐ Delcte | NAME Street address | SO: 12/04/ | 01384 0801016 | 1360393 012 ***/50 | Addition | |
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| NAME STREET ADDRESS CITY-ST-ZIP ITILE NAME STREET ADDRESS CITY-ST-ZIP 12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119. Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation of the corp | TITLE NAME STREET ADDRESS | ☐ Delete | NAME STREET ADDRESS | | | ☐ Change | ☐ Addition | |
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| SIGNATURE: 12-1-07 561-259-965 | | | | | | | | |

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