

2007 FOR PROFIT CORPORATION REINSTATEMENT

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

37 AUG 10 AM 9:56

DOCUMENT # K27506	
1. Entity Name A TREEMAN, INC.	



Principal Place of Business 802 GARNET CIRCLE FORT LAUDERDALE, FL 33326 US	Mailing Address 802 GARNET CIRCLE FORT LAUDERDALE, FL 33326 US
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REINSTATEMENT 06-07



2. Principal Place of Business - No P.O. Box # C/O 1000 S. Andrews Avenue	3. Mailing Address 1000 S. Andrews Avenue
Suite, Apt. #, etc.	Suite, Apt. #, etc.

08082007 REIN-P CR2E098 (1/07)

City & State Ft. Lauderdale, Florida	City & State Ft. Lauderdale, Florida
Zip 33316	Country US

4. FEI Number 65-0066331	Applied For Not Applicable
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5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent KASKON, MARLENE 802 GARNET CIRCLE WESTON, FL 33326	
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7. Name and Address of New Registered Agent	
Name MICHAEL A. FISCHLER, ESQ. - Curator	
Street Address (P.O. Box Number is Not Acceptable) 1000 South Andrews Avenue	
City Fort Lauderdale	FL Zip Code 33316

8. The above named entity 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 obligations of registered agent.	
SIGNATURE <i>Michael A. Fischler</i> MICHAEL A. FISCHLER, ESQ. - Curator	DATE August 9, 2007

FILE NOW!!! FEE IS \$300.00

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P KASKON, LAWRENCE J JR 802 GARNET CIRCLE FORT LAUDERDALE, FL 33326 <input type="checkbox"/> Delete	TITLE D NAME STREET ADDRESS CITY-ST-ZIP	MICHAEL A. FISCHLER <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 1000 South Andrews Avenue Fort Lauderdale, Fl. 33316
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition 000107681250 08/10/07--01039--007 **309.75
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.	
SIGNATURE <i>Michael A. Fischler</i> MICHAEL A. FISCHLER, ESQ. - Curator	DATE August 9, 2007