PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
03 FEB 13 PM 1:13
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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02/28/03--01015--008 **1050.00

DOCUMENT # K93014

1. Corporation Name: PLANT CITY TREE WORKS, INC.

REINSTATEMENT 01-03

2. Principal Office Address	3. Mailing Office Address
10350 NE 120th STREET	SAME
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: OKEECHOBEE, FLORIDA	City & State
Zip: 34972 Country: OKEECHOBEE	Zip Country

4. Date Incorporated or Qualified To Do Business in Florida: JANUARY 15, 1997

5. FEI Number: 65-0130181 ☐ Applied For ☐ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

7. Name and Address of Current Registered Agent

Name: F. ALAN NELSON

Street Address (P.O. Box Number is Not Acceptable): 10350 NE 120th STREET

Suite, Apt. #, Etc.:

City: OKEECHOBEE State: FL Zip Code: 34972

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: F. ALAN NELSON F. Alan Nelson Date: 2-12-03
REGISTERED AGENT MUST SIGN

CR2E041 (10/02)

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
PD	F. ALAN NELSON	755 SW 85th AVENUE	OKEECHOBEE, FLORIDA 34794

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.

SIGNATURE: F. ALAN NELSON PRESIDENT F. Alan Nelson 2-12-03 863 467-0100
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #