PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT



FLORIDA DEPARTMENT OF STATE Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT

L67929

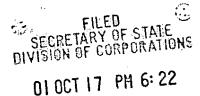
1. Corporation Name

GREENTREE SHOWS, INC.

Principal Place of Business

Mailing Address

% DAISY HATCHER 100 N.W. 76TH TERRACE OCALA FL 34482 % DAISY HATCHER 100 N.W. 76TH TERRACE OCALA FL 34482



$\mathbf{\Omega}_{1}$	

If above a	ddresses are	incorrect in any way, line th	rough incorrect in	nformation ar	nd enter correction below	CHICT	'ATEPAEAST		
		Address, If Applicable			dress, If Applicable	To Do Business in Florida 04/25/1990			
Suite, Apt.	#, etc.		Suite, Apt. #,	Suite, Apt. #, etc.				Applied For	
City & State	9	, , , , , , , , , , , , , , , , , , , 	City & State			i. =	59-1856820	Not Applicable	
Zip	Country		Zip	Country		6. CERTIFICATE OF STATUS DESIRED		S8.75 Additional Fee required for a Certificate of Status	
7. Names a	and Street Ad	dresses of Each Officer and	I/or Director (Flo	rida nonprofi	t corporations must list at lea	ast 3 directors)			
Title(s)	(s) Name of Officers and/or Directors			Street Address of Ear Officer and/or Direct			City / State / Zip		
D	PARKS, KATHARINA F.			100 NW 76TH TERRACE			OCALA FL		
D	PARKS, MICHAEL			100 NW 76TH TERRACE		OCALA FL			
						sc	0004661 -10/31/010 ****750.00	3426)1064010 *****750.00	
	8. Nam	e and Address of Current	Registered Age	ent		Name and Address of New Registered Agent			
MULLINS, SHIRLEY P 190 NW 76TH TERRACE OCALA FL 34482					Street Address (F		is Not Acceptable)	·	
10. I, being	appointed the	e registered agent of the ab	ove named corpo	oration, am fa	City Imiliar with and accept the ol	oligations of Secti	State FL on 607.0505, F.S.		
Signature of Registered	Agen A	LSIGNA.	PU M	Dill ENT MUST	QUIRED		Date	101	

11. 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

SIGNATURE AND TYPED OF PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10/15/01 352-237-5781 Date Daytime Phone # CR2E040 (8/01