PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.





FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham Secretary of State

DIVISION OF CORPORATIONS



DOCUMENT#

M79341

1. Corporation Name

FILED SECRETARY OF STATE DIVISION OF CORPORATIONS

96 SEP 26 PM 3: 19

CEDA	R TREE REALTY, INC.							
Princina! Pl	lace of Business	ess						
C/O EILEEN WINKLER C/O EIL		C/O EILEEN	EN WINKLER 2256 Hobis		eus IIII			
Sal.	POSOTA 19-2015	SC	Stran	stor.	3923	9		
	ddresses are incorrect in any way, line th ncipal Office Address II Applicable	rough incorrect in	nformation and entering Office Address, I			porated or Qualified		
Suite Apt # glc His Cio Ces I Duto Apt.			, etc. Serve		To Do Business in Florida 05/04/1988			
City State City & State		City & State	3		-I 65-0054774		Applied For Not Applicable	
Zip 34	CL39 Sov.	Zip	Coun	try	6. CERTIFICA		5 Additional Fee required in a Certificate of Status	
7. Names		l/or Director (Flo	· · · · · · · · · · · · · · · · · · ·	rations must list at le				
Title(s)	Name of Officers and/or Directors 2		Street Address of Ea Officer and/or Direct 3 (Do NOT Use Post Office Box		City / State / Zip		te / Zip	
PST			2019B 5TH 6T		BRADENTON FL			
				ibiscus ·	81 Sava $884a_1$		1 34239	
<u></u> .				8000019756685 -10/15/9601241005				
		N				****236.25	****236.25	
				,				
							Lancaus h	
8. Name and Address of Current Registered Agent Na				Name	9. Name and Address of New Registered Agent Name			
	KLER, EILEEN		see Address (P.O. Box Number is Not Acceptable)			(£)		
	STH STREET WEST	Suite, Apt. *, E		С.				
Saranta			5/2	City		State	Zip Code	
10 L boin	g appointed the registered agent of the ab	Ave obsered com	P237	1	obligations of Se	FL		
Signature o			i sa			6/3/	131	
Rögistered	Agent	IEGISTERED AC	BENT MUST SIGN			Date		
11. Do	pes this corporation pay ept. of Revenue under S	any intang . 199.032	gible tax to t Florida Sta	he itutes. Yes	12 No [e for information gible tax.)	
12. I certify this reii	y that I am an officer or director or the reconstatement application, the reason for discrete corporation have been paid and the application is true and accurate, and my	eiver or trustee e solution has beer	mpowered to execur n eliminated, the con	te this application as porate name satisfie orm do not qualify fo	s the requiremer r an exemption (its of section 607.0401 or 617.04	101, F.S., that all fees	
SIGNA	TURE: SIGNATURE AND TYPED OF PI	RINTED NAME OF	SIGNING OFFICER O	WWW.	λ ,	7-71-96 941.	153 9709 sytime Phone #	