

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY COMPANY REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

FILED

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SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

DOCUMENT # MP9000001822

1. Limited Liability Company's Name
Greentree Enterprises LLC

REINSTATEMENT 2001

2. Principal Office Address
1330 DONNA MARIE DRIVE

3. Mailing Office Address
SAME

Suite, Apt. #, etc. _____ Suite, Apt. #, etc. _____

City & State _____ City & State _____

WEST MELBOURNE, FL

Zip _____ Country _____ Zip _____ Country _____

32904 USA

4. State/Country of Formation
DELAWARE, U.S.A

5. Date Organized or Qualified To Do Business in Florida
8/3/99

6. FEI Number _____ Applied For _____
59-3523815 Not Applicable _____

7. CERTIFICATE OF STATUS DESIRED **\$5.00 Additional Fee required for a Certificate of Status**

8. Name and Address of Current Registered Agent

Name ROBERT T. GREENE **100004689831-7**

Street Address (P.O. Box Number is Not Acceptable) 1330 DONNA MARIE DRIVE **-11/20/01--01073--004**

Suite, Apt. #, Etc. _____ *****155.00 ***155.00**

City WEST MELBOURNE State FL Zip Code 32904

9. I, being appointed the registered agent of the above named limited liability company, am familiar with and accept the obligations of Chapter 608, F.S.

Signature of Registered Agent [Signature] Date 11/3/01

REGISTERED AGENT MUST SIGN

10. Names and Street Addresses of Managing Members/Managers

Titles	Name of Managing Members/Managers	Street Address of Each Managing Member/Manager	City / State / Zip
<u>PARTNER</u> <u>CFO</u>	<u>ROBERT T. GREENE</u>	<u>1330 DONNA-MARIE DRIVE</u>	<u>WEST MELBOURNE, FL 32904</u>
<u>MANAGER</u> <u>PARTNER</u>	<u>MARK T. GREENE</u>	<u>3862 4th AVE W.D.</u>	<u>ST. PETERSBURG, FL 33713</u>

11. I certify that I am managing member/manager or the receiver or trustee empowered to execute this application as provided for in chapter 608, F.S. I further certify that when filing this reinstatement application the reason for dissolution has been eliminated, the limited liability company name satisfies the requirements of section 608.406, F.S., and that all fees owed by the limited liability company have been paid. 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 of Managing Member/Manager [Signature] Date 11/03/01 Daytime Phone # (321) 729-2377

Typed or printed name of signing Managing Member/Manager ROBERT T. GREENE

CR2E041 (9/01)