PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT	FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS

FILED

10 JUN 14 AM 11: 22

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

01-2010

DOCUMENT # N00000004305

1. Corporation Name

Life Tree Services Inc

REINSTATEMENT

300182063643
06/14/10--01061--013 **787.50

2. Principal Office Address - No P.O. Box #

8 SE 2nd Ave

Suite, Apt #, etc.

902

City & State

Miami

Zip 33131   Country Dade

3. Mailing Office Address

Suite, Apt #, etc.

City & State

Zip   Country

CR2E081 (11/09)   M. MILLIGAN EXAMINER

4. Date Incorporated or Qualified To Do Business in Florida

JUN 16 2010

5. FEI Number

65-1007559

Applied For ☐   Not Applicable ☐

6. CERTIFICATE OF STATUS DESIRED ☐ $8.75 Additional fee required for a Certificate of Status

7. Name and Address of Current Registered Agent

Name   Ruby Baker

Street Address (P.O. Box Number Is Not Acceptable)   6005 Del Lago Circle

Suite, Apt #, Etc.   Apt. 107

City   Fort Lauderdale   State FL   Zip Code 33313

☐ The reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the reinstatement fee be waived.

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 _Ruby Baker_
REGISTERED AGENT MUST SIGN

Date 5/10/2010

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
T	Ruby Baker	6005 Del Lago Circle, #107	Ft Laud FL 33313
V	Dallen Micheal Green	18730 NW 27 ave #305	Mia FL 33056
D	Hosea Pruitt	2295 NW 140 ter	Opa Lucka FL 33054
D	Keisha Smith Tonner	2014 NW 43 ter	Lauderhill FL 33313
D	Tameka Simpkins	401 Belmont lane	N. Lauderdale FL 33068
P	GAD Baker	8 SE 2nd ave Suite 902	Miami FL 33131

10. E-mail Address: gadbrian1@yahoo.com
(To be used for future annual report notification)

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. I further certify, 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: _____   6/09/10 305 244-5745
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #