FILED

07 MAY -2 AM 10:21

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N01000008318

900102650329
05/16/07--01043--001 **183.75

1. Corporation Name

Trees Are Beings, Inc.

REINSTATEMENT

CR2E031 (1-07)

2. Principal Office Address - No P.O. Box #	3. Mailing Office Address
2665 S. Bayshore Dr.	2665 S. Bayshore Dr.
Suite, Apt. #, etc.: #703	Suite, Apt. #, etc.: #703
City & State: Miami, Florida	City & State: Miami, Florida
Zip: 33133 Country: USA	Zip: 33133 Country: USA

4. Date Incorporated or Qualified To Do Business in Florida: 11/27/01

5. FEI Number: ☑ 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: World Corporate Services, Inc.

Street Address (P.O. Box Number is Not Acceptable): 2665 S. Bayshore Drive

Suite, Apt. #, Etc.: #703

City: Miami State: FL Zip Code: 33133

☒ 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: Timothy P. Richards Date: 5/1/07

REGISTERED AGENT MUST SIGN

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
D	Timothy Richards	2665 S. Bayshore Dr. #703	Miami, Florida 33133
D	Olaf Hampel	2665 S. Bayshore Dr. #703	Miami, Florida 33133
D	Marina Baaden	2665 S. Bayshore Dr. #703	Miami, Florida 33133

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 records of individuals listed on this form do not qualify for an exemption contained in Chapter 119, F.S. The information indicated on this application is true and accurate, and any signature thereon has the same legal effect as if made under oath.

858-9900

SIGNATURE: X

SIGNATURE AND TITLE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

B. Mitchell MAY 2 2007