PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

2022 APR -5 PM 12:07

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N06000002391

1. Corporation Name

TREESCALE CONDOMINIUM ASSOCIATION, INC

2. Principal Office Address - No P.O. Box #	3. Mailing Office Address
409 BALA CIR	409 BALA CIR
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: BALA CYNWYD, PA	City & State: BALA CYNWYD, PA
Zip: 19004 Country: USA	Zip: 19004 Country: USA

4. Date Incorporated or Qualified To Do Business in Florida: 11/02/2006

5. FEI Number: 20-4445229 (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: BECKER ABOUD POLIAKOFF & FOELSTER LLP

Street Address (P.O. Box Number is Not Acceptable): 4000 S. Dixie Highway

Suite, Apt. #, etc.: Suite 420

City: Boca Raton | State: FL | Zip Code: 33432

8. I being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0505, F.S.

Signature of Registered Agent: Becker Aboud Poliakoff & Foelster, By: Richard Foelster, Partner | Date: 3-18-22

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
P	Zev Shaposhnick	409 BALA CIR	BALA CYNWYD, PA 19004
D	Nadav Shaposhnick	409 BALA CIR	BALA CYNWYD, PA 19004
D	Alex Kogan	409 BALA CIR	BALA CYNWYD, PA 19004

REINSTATEMENT

APR 05 2022

R. HUNT

10. E-mail Address: zev@everest-realty.com
(To be used for future annual report notification)

11. I certify that I am an officer or director of the receiver or trustee empowered to execute this application as provided for in chapter 607 or 617, F.S. I further certify that everything 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., and 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; I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s. 817.155, F.S.

SIGNATURE: Zev Shaposhnick | 3/18/22 | 561 301 8535

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