


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

<b>CORPORATION REINSTATEMENT</b>		 <b>FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS</b>	
<b>DOCUMENT # P00000025480</b> 1. Corporation Name <b>EMERALDTREE, INC.</b>			
2. Principal Office Address <b>10052 Ramsey Rd</b> Suite, Apt. #, etc.		3. Mailing Office Address <b>P O Box 675</b> Suite, Apt. #, etc.	
City & State <b>Grand Bay AL</b>		City & State <b>Spearman TX</b>	
Zip <b>36541</b>	Country	Zip <b>79081</b>	Country
4. Date Incorporated or Qualified To Do Business in Florida <b>3/8/00</b>		200035717242 05/06/04--01064--006 **908.75	
5. FEI Number <b>63-1248387</b>		Applied For <input type="checkbox"/> Not Applicable <input type="checkbox"/>	
6. CERTIFICATE OF STATUS DESIRED <input checked="" type="checkbox"/>		\$8.75 Additional Fee required for a Certificate of Status	
7. Name and Address of Current Registered Agent			
Name <b>Corporation Service Company</b>			
Street Address (P.O. Box Number is Not Acceptable) <b>1201 Hays Street</b>			
Suite, Apt. #, Etc.			
City <b>Tallahassee</b>		State <b>FL</b>	Zip Code <b>32301-2525</b>
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 <b>Cynthia L. Harris</b> as its agent Date <b>5/3/04</b> REGISTERED AGENT MUST SIGN			
9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)			
Title	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
PD	C. Neal Howell	P O Box 9	Grand Bay AL 36541
ST	Kristina Howell	620 Endicott	Spearman TX 79081
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 names of individuals listed on this form do not qualify for an exemption under section 119.07(3)(i), F.S. 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: <b>Kristina Howell</b> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date <b>April 29, 2004</b>	Daytime Phone # <b>877-779-8733</b>

FILED  
04 MAY -6 AM 9:47  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

REINSTATEMENT 03-04

CR2E081 (01/04)