PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
03 FEB 21 AM 9:20
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P 00000029075

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02/19/03--01053--012 **900.00

1. Corporation Name
TREECOLOGY, INC.

2. Principal Office Address	3. Mailing Office Address
450 NE 20TH STREET	450 NE 20TH STREET
Suite, Apt. #, etc. STE 113	Suite, Apt. #, etc. STE 113
City & State BOCA RATON, FL	City & State BOCA RATON, FL
Zip 33431 Country	Zip 33431 Country

REINSTATEMENT STATEMENT

4. Date Incorporated or Qualified To Do Business in Florida 03/16/2000

5. FEI Number 65-0994435 ☐ Applied For ☐ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

7. Name and Address of Current Registered Agent

Name: BUSBOOM, STEVEN A.

Street Address (P.O. Box Number is Not Acceptable): 244 WALTON HEATH DRIVE

Suite, Apt. #, Etc.:

City: ATLANTIS | State: FL | Zip Code: 33462

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: S Busboom Date: 2/13/03
REGISTERED AGENT MUST SIGN

CREDIT CARD

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
PSTD	BUSBOOM, STEVEN A	244 WALTON HEATH DRIVE	ATLANTIS, FL 33462
VP	~~WILSON~~ Allison, DONELL	450 NE 20TH STREET, #113	BOCA RATON, FL 33431

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: S Busboom 2/13/03
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

02-03

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