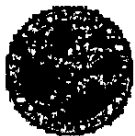


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

05 MAY -6 PM 5:59

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P00000107214

1. Corporation Name

TREEBIZ, INC.

2. Principal Office Address

865 NW 5TH AVENUE

3. Mailing Office Address

SAME

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

BOCA RATON FL

City & State

Zip

Country

33432

PALM BEACH

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

5. FEI Number

65-1060995

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

JEFF JACKSON

Street Address (P.O. Box Number is Not Acceptable)

865 N.W. 5TH AVENUE

Suite, Apt. #, Etc.

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 617.0503, F.S.

Signature of
Registered Agent

REGISTERED AGENT MUST SIGN

Date

04/27/05

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
Pres.	JEFF JACKSON	865 NW 5 TH AVE.	BOCA RATON, FL 33432
Secretary	LESLIE JACKSON	865 NW 5 TH AVE.	BOCA RATON, FL 33432

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:

JEFF JACKSON

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

04/27/05 5617509883

Daytime Phone #

CR2E081 (01/05)

05/02/2005

RE: TREEBIZ, INC.

FLORIDA DEPT. OF STATE
DIVISION OF CORPORATIONS

DEAR SIR,

WE ARE APPLYING FOR CORPORATE REINSTATEMENT,
AND ASK THAT YOU WAIVE ANY PENALTIES DUE
TO THE FACT THAT WE DID NOT RECEIVE
A 2002 ANNUAL REPORT FORM. ENCLOSED
IS A CHECK FOR \$ 608.⁷⁵ TO COVER
ANNUAL REPORT FEES DUE TO THIS DATE,
AND CERTIFICATION OF STATUS FROM YOUR
OFFICE. THANK YOU FOR YOUR HELP
WITH THIS MATTER.

BEST REGARDS,

JEFF JACKSON

561-750-9893