

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
10 MAR 15 AM 10:45
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P01000086566

1. Corporation Name

TREE FARM ENTERPRISES, INC.

REINSTATEMENT 04-10

800172222358
03/15/10--01060--010 **1050.00
CR2E081 (11/09)

2. Principal Office Address - No P.O. Box # 1801 First Street South		3. Mailing Office Address 6673 30th Street So.	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State St. Petersburg, FL		City & State St. Petersburg, FL	
Zip 33705	Country USA	Zip 33712	Country USA

4. Date Incorporated or Qualified
To Do Business in Florida 08/31/2001

5. FEI Number
59-3742061

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 Burton Hersh			
Street Address (P.O. Box Number is Not Acceptable) 6673 30th Street South			
Suite, Apt. #, Etc.			
City St. Petersburg	State FL	Zip Code 33712	

☒ 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

Burton Hersh

Date 3/12/10

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
PD	Burton Hersh	6673 30th St. So	St. Petersburg, FL 33712
TD	Ellen E. Hersh	6673 30th St. So.	St. Petersburg, FL 33712

10. E-mail Address: bandehershe@aol.com

(To be used for future annual report notification)

11. 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. 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.

SIGNATURE:

Burton Hersh

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Burton Hersh

3/12/10

Date

(727)
866-9150

Daytime Phone #