PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT



FLORIDA DEPARTMENT OF STATE Glenda E. Hood

Secretary of State

DIVISION OF CORPORATIONS

P02000133068 DOCUMENT #

1. Corporation Name

STRONG TREE, INC.

Principal Place of Business

Mailing Address

14555 PEPPER BUSH DRIVE-PALM BEACH GARDENS FL 38418 14555 PEPPER BUCH DRIVE PALM-BEACH GARDENG-FL 33418

If above addresses are incorrect in any way, line through incorrect information and enter correction below					
New Principal Office Address, If Applicable	New Mailing Office Address, If Applicable				
801 Greenwood Or	SOI Green wood Dr.				
Suite, Apt. #, etc.	Suite, Apt. #, etc.				
City & State Clubited FL.	City & State , FL.				
Zip Country	Zip Country				
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FILED

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SECRETARY OF STATE TALLAHASSEE, FLORIDA

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If above addresses are incorrect in any way, line through incorrect information and enter correction below.			correction below.	n2/13/0401039024 **150.00		
801	incipal Office Address, If Applicable GREENWOOD OF	3. New Mailing Office Address, I	Applicable 4. Date In	corporated or Qualified	12/13/2002	
Suite, Apt.	#, etc.	Suite, Apt. #, etc.	5. FEI Nu	ımber	Applied For	
City & State	·	City & State	42-	151019103	Not Applicable	
المهار -32)	Country	Zip 33 158 Count	6. — CERTIF	ICATE-OF-STATUS DESIRED	\$8.75 Additional Fee required for a Certificate of Status	
7. Names	and Street Addresses of Each Officer and/or	Director (Florida nonprofit corpor	ations must list at-least 3 director	rs)		
Title(s) 1	Name of Officers and/or Directors		reet Address of Each fficer and/or Director	City /	State / Zip	
PTD	MANNING, PAUL	,	14555 PEPPER BUSH DRIVE 801 Accenwood Or		NS FL 3341 8 7_ 33458	
VPSD DIAZ-WALKER, SUSAN		14555 PEPPER 1 801 G/ee	BUSH DRIVE 20 WOOD OC.	PALM BEACH GARDE	N S FL 3341 8 L. <i>3</i> 3458	
			04?	500028738 05/04-01008-004	475 **150.00	
	8. Name and Address of Current Ro	egistered Agent		and Address of New Registers	ed Agent	
MANNING, PAUL J4555 PEPPER BUSH DRIVE PALM BEACH GARDENS FL 33418		Street Address (P.O. Box Number is Not Acceptable) 80 Green wood Or Suite, Apt. #, Etc. State Zip Code				
10. I, bein	g appointed the registered agent of the abov	e named corporation, am familiar v	Jupiter	\mathcal{H} .	L 33458	

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 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 of Registered Agent

RINTED NAME OF SIGNING OFFICER OR DIRECTOR

REGISTERED AGENT MUST SIGN

1:00 1:00 1:00

To whom it may concern,

Dan witing this letter regarding my strong Tree business. We started the company 12/13/02 but never started using the EIN or company for months This is my first time asing an Storp and because we didn't do anything with around June 2003 of didnt realize how if had to file or what I had to file. We also moved during this time and mail became very confueld and van forwarded to an incorrect address, I never did receive the Uniform business report notices. Ireally appologize for not Reeping up with my obligations and I promise todo so (on time) in The future. Please accept my check for 150.00 to reinstate Strong Tree and Please accept my appologies for my lack of communication with you! Sencerely CesanDiagWaller