

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT		FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS
DOCUMENT # <i>P 0 3 0 0 0 0 0 5 0 3 7</i>		
1. Corporation Name <i>R + B TREE INC.</i>		

2. Principal Office Address <i>4619 LONGBOW DR.</i>	3. Mailing Office Address <i>same as in 2.</i>		
Suite, Apt. #, etc.	Suite, Apt. #, etc.		
City & State <i>TITUSVILLE FL.</i>	City & State <i>-----</i>		
Zip <i>32796</i>	Country <i>BREVARD</i>	Zip	Country

FILED
05 JAN -7 PM 1:09
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

*TR
OK
MC*

4. Date Incorporated or Qualified To Do Business in Florida <i>JAN 13th 2003</i>	
5. FEI Number <i>061682140</i>	Applied For <input type="checkbox"/>
6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/>	\$875 Additional Fee required for a Certificate of Status <i>-----</i>

7. Name and Address of Current Registered Agent			
Name <i>METZ THOMAS</i>			
Street Address (P.O. Box Number is Not Acceptable) <i>564 BORDENHIT CIRCLE</i>			
Suite, Apt. #, Etc.			
City <i>TITUSVILLE</i>	State FL	Zip Code <i>32796</i>	

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
m. Thomas Date *2/11/05*

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
<i>Re/ln</i>	<i>RANDY FREEMAN</i>	<i>4619 LONGBOW DR</i>	<i>TITUSVILLE FL. 32796</i>
<i>See/ln</i>	<i>BIPIN A. PATEL</i>	<i>4619 LONGBOW DR</i>	<i>TITUSVILLE FL. 32796</i>
			<i>7000047507447</i> 09/01/05--01052--001 **150.00
			<i>7000047507447</i> 09/01/05--01052--002 **150.00

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: *Randy B. Freeman - Secretary*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date *2/11/05* Daytime Phone # *321-269-4788*

CR2081 (10/02)