

2007 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# P05000111468

Entity Name: JEFF STAHLMAN TREE INC

FILED
Sep 14, 2007
Secretary of State

Current Principal Place of Business:

3485 DOMESTIC AVENUE
NAPLES, FL 34104

New Principal Place of Business:

5218 COLLINS STREET
NAPLES, FL 34113

Current Mailing Address:

3485 DOMESTIC AVENUE
NAPLES, FL 34104

New Mailing Address:

PO BOX 7984
NAPLES, FL 34101

FEI Number:

FEI Number Applied For ()

FEI Number Not Applicable (X)

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

STAHLMAN, JEFF
3485 DOMESTIC AVENUE
NAPLES, FL 34104 US

Name and Address of New Registered Agent:

STAHLMAN, JEFF
5218 COLLINS STREET
NAPLES, FL 34101 US

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: JEFF STAHLMAN

09/14/2007

Electronic Signature of Registered Agent

Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: STAHLMAN, JEFF
Address: 3485 DOMESTIC AVENUE
City-St-Zip: NAPLES, FL 34104

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: STAHLMAN, JEFF
Address: 5218 COLLINS STREET
City-St-Zip: NAPLES, FL 34113

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JEFF STAHLMAN

P

09/14/2007

Electronic Signature of Signing Officer or Director

Date