

2006 FOR PROFIT CORPORATION REINSTATEMENT

SECRETARY OF STATE
DIVISION OF CORPORATIONS

06 OCT 23 AM 8:45

DOCUMENT # P05000129574

1. Entity Name
TREES HOLDINGS, INC.



Principal Place of Business
5328 SE LOST LAKE WAY
HOBE SOUND, FL 33455

Mailing Address
5328 SE LOST LAKE WAY
HOBE SOUND, FL 33455

REINSTATEMENT 06



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

10102006 REIN-P CR2E098 (11/05)

4. FEI Number
20-3498010

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

SEYMOUR, ROBERT E.
121 NW 3RD ST.
OCALA, FL 34475

Name JAY W. TREES

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

5328 SE LOST LAKE WAY

City Hobe Sound

FL Zip Code 33455

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent, and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00

After January 1, 2007, Fee will be \$300.00

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

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PD
NAME TREES, JAY
STREET ADDRESS 10261 WILLOW READE COVE
CITY-ST-ZIP COLLIERVILLE, TN 380178834

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
100081126731
10/23/06--01068--022 **150.00

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NAME
STREET ADDRESS
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

10/21/06