PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
05 OCT 10 AM 9:07
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P92000001557

1. Corporation Name
Florida Tree Works, Inc.

2. Principal Office Address		**3.** Mailing Office Address	
5191 85th Street			
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Vero Beach, FL			
Zip	Country	Zip	Country
32967			

4. Date Incorporated or Qualified To Do Business in Florida 10/28/1992

5. FEI Number 650368487 — 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 800059715208
03/16/05--01047--009 **165.00

Name
Scott Wright, Esquire

Street Address (P.O. Box Number is Not Acceptable)
~~175 E. Nasa Blvd.~~ 2285 West Eau Gallie Blvd

Suite, Apt. #, Etc.
~~Suite 300~~

City: Melbourne — State: FL — Zip Code: ~~32901~~ 32935

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 See Attach page for signature only Date
REGISTERED AGENT MUST SIGN

CR2E081 (01/05)

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
P/D	Steven L. Deputy	5191 ~~8~~th Street 85th	Vero Beach, FL 32967
	REINSTATEMENT	99-DS	

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: _____ 9/9/05 (772) 581 4755
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

772 581 4780

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DOCUMENT # P92000001557

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Suite, Apt. #, etc.

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RA signature only

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09/16/05--01047--009 **165.00

Name
Scott Wright, Esquire

Street Address (P.O. Box Number is Not Acceptable)
~~175 E. Nasa Blvd.~~ 2285 West Eau Gallie Blvd

Suite, Apt. #, Etc.
~~Suite 900~~

City
Melbourne

State
FL

Zip Code
~~32904~~ 32935

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0506 or 617.0503, F.S.

Signature of Registered Agent Scott Wright
REGISTERED AGENT MUST SIGN

Date 9-29-05

CR2E031 (01/05)

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
P/D	Steven L. Deputy	5191 85th Street	Vero Beach, FL 32967

REINSTATEMENT 99-DS

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