

1 of 2

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P93000027499

1. Corporation Name
Southern Trees, Inc.

2. Principal Office Address 1720 Spring Lake Drive		3. Mailing Office Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State Orlando, Florida		City & State	
Zip 32804	Country USA	Zip	Country

4. Date Incorporated or Qualified To Do Business in Florida 4/14/93	
5. FEI Number 59-3176949	Applied For Not Applicable
6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$8.75 Additional Fee required for a Certificate of Status	

7. Name and Address of Current Registered Agent

Name Kurt E. Grosman
Street Address (P.O. Box Number is Not Acceptable) 5043 Winwood Way
Suite, Apt. #, Etc.
City Orlando
State FL
Zip Code 32819

98-04 cc

REINSTATEMENT

FILED

SECRETARY OF STATE

TALAHASSEE, FLORIDA

04 JUN 23 PM 2:11

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 *Kurt E. Grosman* Date **6/18/04**

REGISTERED AGENT MUST SIGN

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	Sean Jacobus	1720 Spring Lake Drive	Orlando/FL/32804
VP/S	AMANDA JACOBUS	" "	" "
			100038202391

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)(l), 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: *Sean Jacobus* Date **6-18-04** Daytime Phone # **407 422 8076**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E081 (01/04)



CORPORATION SERVICE COMPANY

202

ACCOUNT NO. : 072100000032

REFERENCE : 771296 5020727

AUTHORIZATION :

Patricia Piquito

COST LIMIT : \$ 1658.75

FILED
04 JUN 23 PM 2:31
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ORDER DATE : June 23, 2004

ORDER TIME : 10:43 AM

ORDER NO. : 771296-005

CUSTOMER NO: 5020727

****PLEASE FILE 1ST****

CUSTOMER: Kurt E. Grosman, Esq
Kurt E. Grosman, Attorney At
5043 Winwood Way

Orlando, FL 32819

DOMESTIC FILINGS

NAME: SOUTHERN TREES, INC.

RECEIVED
04 JUN 23 PM 12:54
DIVISION OF CORPORATION

XX REINSTATEMENT

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

- XX CERTIFIED COPY
- PLAIN STAMPED COPY
- CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Susie Knight EX 2956
EXAMINER'S INITIALS _____