PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
97 APR -2 AM 11:33
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P94000048515

1. Corporation Name: FELLSMERE TREE FARM, INC.

Principal Place of Business / Mailing Address:
1233 E. HILLSBORO BLVD.
DEERFIELD BCH, FLA. 33441
ATTN: WM. B. CAMPBELL JR. - R.A.

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

REINSTATEMENT 96 & 97

2. New Principal Office Address, If Applicable	3. New Mailing Office Address, If Applicable
Suite, Apt. #, etc	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

4. Date Incorporated or Qualified To Do Business in Florida: 5/1/95 MWB

5. FEI Number: 65-0507676 (Applied For / Not Applicable)

6. CERTIFICATE OF STATUS DESIRED ☐ ($8.75 Additional Fee required for a Certificate of Status)

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
PRES	PATRICK E. STONE	1465 50TH CT, VERO BCH, FLA.	VERO BCH, FLA. 32960
VP	BRUCE R. CAMPBELL	1280 S.W. 20TH AVE.	BOCA RATON, FLA. 33432
SEC	WILLIAM B. CAMPBELL JR	3141 HEATHERWOOD LANE	SARASOTA, FLA. 34235
TREAS	MARILYN BEASLEY	1680 N. FEDERAL HWAY	BOCA RATON, FLA. 33432

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****915.00 ****915.00

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

Name: WILLIAM B. CAMPBELL JR.
Street Address (P.O. Box Number is Not Acceptable): 3141 HEATHERWOOD LANE
Suite, Apt. #, Etc.
City: SARASOTA State: FL Zip Code: 34235

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.

Signature of Registered Agent: William B. Campbell Jr. Date: 4/1/97
REGISTERED AGENT MUST SIGN

11. Does this corporation pay any intangible tax to the Dept. of Revenue under S. 199.032, Florida Statutes? Yes ☐ No ☒ (See other side for information on intangible tax.)

12. 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: Patrick E. Stone, Pres. 4/1/97 (561-569-2556)
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #
PATRICK E. STONE, PRES.

CR2E080 (12/96)