908.75

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT

DIVISION OF CORPORATIONS

P95000041567

FILED
01 JUL 30 AM 9:33
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT #P95000041567

1. Corporation Name
Spring Tree Hill, Inc.

2. Principal Office Address	3. Mailing Office Address
2030 S. Ocean Dr.	2030 S. Ocean Dr.
Suite, Apt. #, etc.: #820	Suite, Apt. #, etc.: #820
City & State: Hallandale, FL	City & State: Hallandale, FL
Zip: 33009 Country: USA	Zip: 33009 Country: USA

4. Date Incorporated or Qualified To Do Business in Florida: 5/26/1995

5. FEI Number: 650595715 ☐ 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

Name: Joel S. Piotrkowski

Street Address (P.O. Box Number is Not Acceptable): 317 - 71st Street

Suite, Apt. #, Etc.: Miami Beach, FL

City: Miami Beach State: FL Zip Code: 33141

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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: _____ Date: 7-26-01

REGISTERED AGENT MUST SIGN

CR2E081 (9/00)

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
PD	Isaac Reiter	2030 S. Ocean Dr. #820	Hallandale, FL 33009
CERT	8.75		
ADM-(600) W		REINSTATEMENT 2000-2001	
AR	122.50		
ARWPB	177.50		
	$908.75		

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 affect as if made under oath.

SIGNATURE: X _____ 7/23/01 954-454-4071

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

ADM