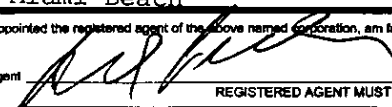


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT  P95000041567 DIVISION OF CORPORATIONS		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 2030 S. Ocean Dr. Suite, Apt. #, etc. #820 City & State Hallandale, FL Zip 33009 Country USA		3. Mailing Office Address 2030 S. Ocean Dr. Suite, Apt. #, etc. #820 City & State Hallandale, FL 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 City Miami Beach State FL Zip Code 33141			
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			
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			
AR	122.50		
Arms	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 effect as if made under oath.			
SIGNATURE:  SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date 7/23/01 Daytime Phone # 954-454-4071	

Adm