

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P97000002886

1. Corporation Name

TREES COMPANY

Principal Place of Business

Mailing Address

100 SE SECOND ST 17TH FLOOR
MIAMI FL 33130
3900 NW 79 AVE S. 567
MIAMI, FL 33166

100 SE SECOND ST 17TH FLOOR
MIAMI FL 33130
3900 NW 79 AVE S. 567
MIAMI, FL 33166

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

2. New Principal Office Address, If Applicable
3900 N.W. 79th Ave

3. New Mailing Office Address, If Applicable
3900 N.W. 79th Avenue

Suite, Apt. #, etc.

Suite, Apt. #, etc.

567

567

City & State
MIAMI, FL

City & State
MIAMI, FL

Zip
33166

Country
USA

Zip
33166

Country
USA

4. Date Incorporated or Qualified
To Do Business in Florida

01/09/1997

5. FEI Number

65-0770003

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	2	3	4
Title(s)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
AS	PIMENTA, H JOSE M. REIGOSA	950 S MIAMI AVE 3900 NW 79 AVE S. 567	MIAMI FL 33130 33166
T	MAIA DE OLIVERIA LIM, ANA CARDOS	100 SE SECOND ST 17TH FLOOR 3900 NW 79 AVE S. 567	MIAMI FL 33130 33166

000003500420--9
-12/13/00--01104--014
****750.00 ****750.00

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

PIMENTA, HERCULES
950 S MIAMI AVE
MIAMI FL 33130

Name

JOSE M. REIGOSA

Street Address (P.O. Box Number is Not Acceptable)

3900 NW 79 AVE

Suite, Apt. #, Etc.

SUITE 567

City

MIAMI

State

FL

Zip Code

33166

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

[Signature]
SIGNATURE REQUIRED
REGISTERED AGENT MUST SIGN

Date 10/31/00

11. 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]
SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10/31/00 (305) 4361558
Date Daytime Phone #

KE

CR2E040 (800)