PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORMED

CORPORATION REINSTATEMENT	
REINSTATEMENT	



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State division of Corporations

DOCUMENT # P970000 94440

1. Corporation Name

5\$5 Tree Farm and Nursery, Inc.

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SECRETARY OF STATE TALLAHASSEE, FLORIDA

			-			
2. Principal Office Address 3. Mailing Office Address			5000036	303555		
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Suite, Apt. #	, etc.	Suite, Apt. #, etc.	*****300	. 10		
122	So old St. Aug. Rd.	2264 5R13	Date Incorporated or Qualified To Do Business in Florida	24.07		
City & State	J	City & State		3 160 97		
Jack	Knowille, Fl	Switzerland, Fl	5. FEI Number 59-3475449	Applied For Not Applicable		
Zip	Country	Zip Country	6	\$8.75 Additional Fee required		
7	32258 454	32759 454	CERTIFICATE OF STATUS DESIRED	for a Certificate of Status		
7. Name and Address of Current Registered Agent						
Name () T 10C - /						
Charles J. M& Schee						
Street Address (P.O. Box Number is Not Acceptable) Z Z (0 4						
	Suite, Apt. #, Etc.					
	Switzerland State Zip Code FL 3 2259					
8. L being			t the obligations of section 607.0505 or 617.0503			
	00	e named corporation, and farming with and decep	Tale obligations of section per loads of 517,0005	, 1		
Signature of Registered Agent Date						
REGISTERED AGENT MUST SIGN						
9. Names	and Street Addresses of Each Officer and	or Director (Florida nonprofit corporations must li	st at least 3 directors)			
Titles	Name of Officers and/or Directors	Street Address of Officer and/or D		/ State / Zip		
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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.

and St. Aug. Rd.

12250

SIGNATURE:

Charles J. ME Geher - President SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-17-01

904 232 1/22

Daytime Phone #

CR2E081 (9/00)