TREAURE COAST GEN, SVCS. Inc., 2. Principal Office Address - No P.O. Box # 120 Suile, Apt. #, etc. Suile, Apt. #, etc. The sum and Address of Current Registered Agent Name Holly Pau FLORIDA DEPARTMENT OF STATE Secretary of State Division of Corporations FLORIDA DEPARTMENT OF STATE SECRETARY OF STATE TALLAHASSEE. FLORIDA SECRETARY OF STATE TALLAHASSEE. FLORIDA SECRETARY OF STATE TALLAHASSEE. FLORIDA SECRETARY OF STATE TALLAHASSEE. FLORIDA SECRETARY OF STATE TALLAHASSEE. FLORIDA SECRETARY OF STATE TALLAHASSEE. FLORIDA SECRETARY OF STATE TALLAHASSEE. FLORIDA SECRETARY OF STATE TALLAHASSEE. FLORIDA SECRETARY OF STATE TALLAHASSEE. FLORIDA SECRETARY OF STATE TALLAHASSEE. FLORIDA SECRETARY OF STATE TALLAHASSEE. FLORIDA SECRETARY OF STATE TALLAHASSEE. FLORIDA SECRETARY OF STATE TALLAHASSEE. FLORIDA SECRETARY OF STATE TALLAHASSEE. FLORIDA SECRETARY OF STATE TALLAHASSEE. FLORIDA SECRETARY OF STATE TALLAHASSEE. FLORIDA SECRETARY OF STATE TALLAHASSEE. FLORIDA SECRETARY OF STATE TALLAHASSEE. FLORIDA SECRETARY OF STATE TALLAHASSEE. FLORIDA SECRETARY OF STATE TALLAHASSEE. FLORIDA SECRETARY OF STATE TALLAHASSEE. FLORIDA SECRETARY OF STATE TALLAHASSEE. FLORIDA SECRETARY OF STATE TALLAHASSEE. FLORIDA SECRETARY OF STATE TALLAHASSEE. FLORIDA SECRETARY OF STATE TALLAHASSEE. FLORIDA SECRETARY OF STATE TALLAHASSEE. FLORIDA SECRETARY OF STATE TALLAHASSEE. FLORIDA SECRETARY OF STATE TALLAHASSEE. FLORIDA SECRETARY OF STATE TALLAHASSEE. FLORIDA SECRETARY OF STATE TALLAHASSEE. FLORIDA SECRETARY OF STATE TALLAHASSEE. FLORIDA SECRETARY OF STATE TALLAHASSEE. FLORIDA SECRETARY OF STATE TALLAHASSEE. FLORIDA SECRETARY OF STATE TALLAHASSEE. FLORIDA SECRETARY OF STATE TALLAHASSEE. FLORIDA SECRETARY OF STATE TALLAHASSEE. FLORIDA	BEFORE COMPLETING THIS FORM.				
1. Corporation Name TREASURE COAST GEN, SVCS. Inc., 2. Principal Office Address - No P.O. Box # 120 SW (Akehurst Or.) Suite, Apt. #, etc. 2. Principal Office Address - No P.O. Box # 120 SW (Akehurst Or.) Suite, Apt. #, etc. 3. Mailing Office Address PREINSTATE MENT OF SWEET OF SWEET (1707) PREINSTATE MENT OF SWEET (1707) PREINSTATE MENT OF SWEET (1707) 4. Date Incorporated or Qualified or Qualified To Do Business in Florida Or Do Business in Flori	OT APR 10 AM 9: 10 TIONS SECRETARY OF STATE	OT APR	Secretary of State	DIV	REINSTATEMENT
Suite, Apt. #, etc. Suite, Apt. #, etc.	うな。 300097356523 04/18/0701038005 **600.00	30009 04/18/070;		·	1. Corporation Name
Country Coun	4. Date Incorporated or Qualified MAY 715 To Do Business in Florida 1998	4. Date Incorporated or Quality To Do Business in Florida	ULAKehurst Dr.	Suite, Apt. #,	120 SW LAKE hurs Suite, Apt. #, etc.
Street Address (P.O. Box lumber is Not Acceptable) Suite, Apt. #, Etc. Street Address (P.O. Box lumber is Not Acceptable) Suite, Apt. #, Etc. The reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the reinstatement	6. CERTIFICATE OF STATUS DESIRED S8.75 Additional Fee required for a Certificate of Status	65-0838 c Certificate of Status des	33 St. Wue	<u>lucie 3498</u>	34983 St. 7. Nar
Port SAINT Wile FL 34983	circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the reinstatement fee be waived.	circumstances whin the prior notices. are certifying the received and required fee be waived.		hurgt Dr.	HOLLY F Street Address (P.O., Box) Number 20 5 W Cake Suite, Apt. #, Etc.
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 4-4-0 T	44.00)	red agent of the above named corporations	8. I, being appointed the register Signature of
9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors) Titles Name of Street Address of Each Officers and/or Directors Officers Officers and/or Directors Officers and/or Directors Officers and/or Directors Officers	eet Address of Each	of Each	Street Address of Each	Name of	Titles
P Holly Paul 1205W Lakehurst Dr Pt St. Lucie fl. 34983	O A A CO			Po 1 1	P Mally
V.P. Danny Stevens 1205Wlatehurst Dr. Pt. St. Wide, F1.34983		- ' - ' ' '	1	Stevens	V.P. DANNY
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 contained in Chapter 119, F.S. The information indicated on this application is true and accurate, and mysignature shall have the same legal effect as if made under oath. SIGNATURE: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Date Date Daytime Phone #	orate name satisfies the requirements of section 607.0401 or 617.0401, F.S., that all fees m do not qualify for an exemption contained in Chapter 119, F.S. The information indicated fect as if made under oath.	satisfies the requirements of section 607. It fy for an exemption contained in Chapt de under oath.	en eliminated, the corporate name satisfier iduals listed on this form do not qualify for nave the same legal effect as if made under t	n, the reason for dissolution has been been paid and the names of individual accurate, and mysignature shall he	this reinstatement application owed by the corporation have on this application is true and SIGNATURE: