PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
04 JUN 18 AM 2:11
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P99000079584

1. Corporation Name
The Tree Advocate, Inc
[illegible]

REINSTATEMENT 07.04

2. Principal Office Address	3. Mailing Office Address
102 Ruby Ave S.	← SA
Suite, Apt. #, etc. N/A	Suite, Apt. #, etc. N/A
City & State Nokomis	City & State
Zip 34275 Country Sarasota	Zip Country

4. Date Incorporated or Qualified To Do Business in Florida 8/31/99

5. FEI Number 65-0964975 ☑ Applied For ☐ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐ $5.00 Additional Fee required for a Certificate of Status

7. Name and Address of Current Registered Agent

Name: Larry Allen Lawrence
800038207528
06/23/04--01089--003 **1050.00

Street Address (P.O. Box Number is Not Acceptable): 102 Ruby Ave. S.

Suite, Apt. #, etc.:

City: Nokomis State: FL Zip Code: 34275

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: [signature] II
REGISTERED AGENT MUST SIGN

Date: _____

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
P	Larry Allen Lawrence II	102 Ruby Ave. S	Nokomis, FL 34275
V	Larry Allen Lawrence Sr.	1124 Myrtle Ave	Venice, FL 34285
S	Cynthia S. Lawrence	SAA	

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: Cynthia Lawrence 6/17/04 941-483-4521
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #