PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
96 DEC -9 AM 7:35
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # M53060

1. Corporation Name
GREEN-WISE, INC.

Principal Place of Business
925 S.W. 19th ST.
FT. LAUDERDALE, FL 33315

Mailing Address
(SAME)

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

file as H/R
Reinstatement fee waived
MWB 12/10/96

DO NOT WRITE IN THIS SPACE

2. New Principal Office Address, If Applicable
925 S.W. 19th ST.
Suite, Apt. #, etc.
City & State
FT. LAUDERDALE, FL
Zip 33315 Country USA

3. New Mailing Address, If Applicable
925 S.W. 19th ST.
Suite, Apt. #, etc.
City & State
FT LAUDERDALE, FL
Zip 33315 Country USA

4. Date Incorporated or Qualified To Do Business in Florida 06/02/1987

5. FEI Number 65-0003360 ☐ 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)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers) 3	City / State / Zip 4
D	ALARCON, ORLANDO 925 S.W. 19th ST Ftlaud FL33315	925 S.W. 19th ST	FT. LAUDERDALE, FL 33315

500002028515--6
-12/13/96--01036--003
****200.00 ****200.00

8. Name and Address of Current Registered Agent

ALARCON, ORLANDO
925 S.W. 19th ST.
FT. LAUDERDALE, FL 33315

9. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)
Suite, Apt. #, Etc.
City | State FL | Zip Code

CR2E040 (12/95)

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 orlando alarcon Date 12/5/96
REGISTERED AGENT MUST SIGN

11. Does this corporation pay any intangible tax to the Dept. of Revenue under S. 199.032, Florida Statutes. Yes ☑ No ☐ (See other side for information on intangible tax.)

12. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I release the Division of Corporations from any liability of non-compliance with Section 119.07(3)(k) in the event that the information supplied is deemed exempt from public access. 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., and that all fees owed by the corporation have been paid. 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: orlando alarcon 12/5/96 (954)779-7770
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #