

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

12 MAY 29 PM 4:20

SECRETARIAT OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P02000088656

1. Corporation Name
Green Acres Investments, Inc

2. Principal Office Address - No P.O. Box # 12855-83 ST.
3. Mailing Office Address 12855 83 ST.

Suite, Apt. #, etc

City & State Fellsmere FL Fellsmere FL

Zip 32948 Country USA Zip 32948 Country USA

MAY 31 2012

C. MUSTAIN (11/10)

4. Date Incorporated or Qualified To Do Business in Florida 9/14/02

5. FEI Number 56-2288647 Applied For Not Applicable

6. CERTIFICATE OF STATUS DESIRED \$8.75 Additional Fee required for a Certificate of Status

7. Name and Address of Current Registered Agent

Name Jerald E Smith SR
Street Address (P.O. Box Number is Not Acceptable) 12855 83 ST.
Suite, Apt. #, Etc.
City Fellsmere State FL Zip Code 32948

REINSTATEMENT 10-12

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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 Jerald E. Smith Sr. Date 5/22/12
REGISTERED AGENT MUST SIGN

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 |
|--------|-----------------------------------|--|--------------------|
| DPT | Jerald E. Smith SR | 12855-83 street Fellsmere FL 32948 | |
| DVPS | Laura Schuler Smith | 12855-83 street | Fellsmere FL 32948 |
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10. E-mail Address: Lsmith@jettysmithtile.com
(To be used for future annual report notification)

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., and that all fees owed by the corporation have been paid. I further certify, the information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s 817.155, F.S.

SIGNATURE Laura Schuler Smith Laura Schuler Smith 5/22/12
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

772-5896818