


2008 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P06000128704 1. Entity Name THE GREEN TEAM XPRESS, INC.	
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FILED
09 JAN -6 PM 5:24
 SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

Principal Place of Business 12125 FRUITWOOD DRIVE RIVERVIEW, FL 33569 US	Mailing Address 12125 FRUITWOOD DRIVE RIVERVIEW, FL 33569 US
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2. Principal Place of Business - No P.O. Box # 12125 Fruitwood DR.	3. Mailing Address 12125 Fruitwood DR.
Suite, Apt. #, etc. NA	Suite, Apt. #, etc. N/A

REINSTATEMENT

12/28/08 REINSTATEMENT 2008 (1/07) 08

4. FEI Number 20-5679554	<input type="checkbox"/> Applied For <input checked="" type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	

City & State Riverview, Fl.	City & State Riverview, Fl.
Zip 33569 Country	Zip 33569 Country US

6. Name and Address of Current Registered Agent GREEN, JEFF 12125 FRUITWOOD DRIVE RIVERVIEW, FL 33569	7. Name and Address of New Registered Agent Name SAME AS YOU HAVE! Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code
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8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE: *Jeff Green* (NOTE: Registered Agent signature required when reinstating) DATE: 12-28-08

FILE NOW!!! FEE IS \$150.00 After January 1, 2009, Fee will be \$300.00	In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P GREEN, KATHLEEN 12125 FRUITWOOD DRIVE RIVERVIEW, FL 33569	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition 600139535126 01/06/09--01014--014 **158.75
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V GREEN, JEFF 12125 FRUITWOOD DRIVE RIVERVIEW, FL 33569	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Jeff Green* AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR DATE: 12-28-08 DAYTIME PHONE #: 813-741-1650