

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT



FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS

FILED

00 OCT 31 AM 11:06

SECRETARY OF STATE TALLAHASSEE, FLORIDA

DOCUMENT # P99000111507

1. Corporation Name GREENSMART, INC.

Principal Place of Business 3923 SW 180TH ST. NEWBERRY FL 32669 Mailing Address 3923 SW 180TH ST. NEWBERRY FL 32669



REINSTATEMENT 2000

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

2. New Principal Office Address, if Applicable 3. New Mailing Office Address, if Applicable

4. Date Incorporated or Qualified To Do Business in Florida

12/22/1999

Suite, Apt. #, etc. Suite, Apt. #, etc.

5. FEI Number

applied for

Applied For Not Applicable

City & State City & State

Zip Country Zip Country

6. CERTIFICATE OF STATUS DESIRED

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Table with 4 columns: Title(s), Name of Officers and/or Directors, Street Address of Each Officer and/or Director, City / State / Zip. Row 1: P, GLENN, PATRICIA W, 3923 SW 180TH ST., NEWBERRY FL 32669. Includes handwritten number 400003471344--2 and other codes.

8. Name and Address of Current Registered Agent

GLENN, PATRICIA W 3923 SW 180TH ST. NEWBERRY FL 32669

9. Name and Address of New Registered Agent

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

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 Patricia W. Glenn, President GreenSmart TM REGISTERED AGENT MUST SIGN

Date 10/25/00

11. I certify that I am an officer or director or the receiver or trustee empowered to execute this application as provided 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: Patricia W. Glenn, President GreenSmart TM SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

(352) 10/25/00 495-6310 Date Daytime Phone #