

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY  
COMPANY  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

09 AUG 21 PM 2:45

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**DOCUMENT # L02000031921**

1. Limited Liability Company's Name

Green Path Holdings, L.L.C.

07

200159804262  
09/21/09--01003--020 \*\*421.25

CR2E041 (10/08)

2. Principal Office Address - No P.O. Box #

44 Hadar T.D. 4596

Suite, Apt. #, etc.

City & State

Caesaria

Zip

30889

Country

Israel

3. Mailing Office Address

c/o 1500 San Remo Ave.

Suite, Apt. #, etc.

Suite 125

City & State

Coral Gables, FL

Zip

33146

Country

USA

4. State/Country of Formation

Florida, USA

5. Date Organized or Qualified

To Do Business in Florida November 26, 2002

6. FEI Number

93-8711767

Applied For

Not Applicable

7. CERTIFICATE OF STATUS DESIRED ☒

\$5.00 Additional Fee required  
for a Certificate of Status

8. Name and Address of Current Registered Agent

Name

Atrium Registered Agents, Inc.

Street Address (P.O. Box Number is Not Acceptable)

1500 San Remo Avenue

Suite, Apt. #, Etc.

Suite 125

City

Coral Gables

State

FL

Zip Code

33146

☒ A \$100 reinstatement fee is imposed, except  
in circumstances which the entity did not  
receive the prior notices. By checking this  
box, you are certifying the prior notices were  
not received and requesting the \$100  
reinstatement be waived.

9. I, being appointed the registered agent of the above named limited liability company, am familiar with and accept the obligations of Chapter 608, F.S.

Signature of  
Registered Agent

Atrium Registered Agents, Inc.

By: Leslie A. Share, VP

Date 8/19/09

REGISTERED AGENT MUST SIGN

10. Names and Street Addresses of Managing Members/Managers

Titles	Name of Managing Members/Managers	Street Address of Each Managing Member/Manager	City / State / Zip
MGR	David Turner	c/o 1500 San Remo Ave. Suite 125	Coral Gables, FL 33146

REINSTATEMENT

2007-2009

11. I certify that I am managing member/manager or the receiver or trustee empowered to execute this application as provided for in chapter 608, F.S. I further certify that when filing this reinstatement application the reason for dissolution has been eliminated, the limited liability company name satisfies the requirements of section 608.406, F.S., and that all fees owed by the limited liability company 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 of  
Managing Member/Manager

Date Aug 11/09 Daytime Phone # dturner@gmail.com

Typed or printed name of signing Managing Member/Manager

David Turner