PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FLONI

FLORIDA DEPARTMENT OF STATE

APPLICATION FOR REINSTATEMENT

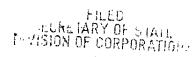


FLORIDA DEPARTMENT OF STATE Katherine Harris

Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT # (368156
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OO OCT TO DUTO

 Corpora 	ition Name							no oct 18 bl	† 12: 38
GREE	N CAY F	FARMS, INC.							
Principal Place of Business Mailing Address								8:8:: e.e.: = 12:: 4:4: 6:81: 128:	
			2750 HAGEN RANCH ROAD 30YNTON BEACH FL 33437						
If above a	ddresses are	incorrect in any way, line	through incorrect in	nformation ar	nd enter c	orrection below.	REINS	TATEMEN	T CC
New Principal Office Address, If Applicable 3. New Mailing			ng Office Address, If Applicable			4. Date Incorporated or Qualified To Do Business in Florida 08/10/1970			
		Suite, Apt. #,	ot. #, etc.			5. FEI Number Applied For			
City & State		City & State				59-1301536 Not Applicable			
Zip Country		Zip	Country		·	6. CERTIFICATE OF STATUS DESIRED \$8.75 Additional Fee require for a Certificate of Status			
7. Names	and Street Ad	dresses of Each Officer	and/or Director (Flo	rida nonprofi	it corpora	tions must list at le	ast 3 directors)		
Title(s) 1	Name of Officers and/or Directors		Street Address of Each Officer and/or Director				City / State / Zip		
DS	WINSBER	G, G		12750 HAGEN F			BOYNTON BEACH, FL 00000		
PD	WINSBERG, T 12750 HAGEN F				ANCH ROAD	BOYNTON BEACH, FL 00000			
VD JAMESON, SYLVIA W			12750 HAGEN RANCH ROAD			70	BOYNTON BEACH FL		
								-10/27/00 ****758.75	01020013 ****758.75
		·				<u>-</u>		\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	roles f
									W ,
	8. Nam	e and Address of Curr	ent Registered Age	ent			Name and Address of New Registered Agent		
and the control of th				Name 	المود ليحال يا التي التر المتعلق المنظيمين الم				
WINSBERG, T 12750 HAGEN RANCH ROAD				Street Address (P.O. Box Number is Not Acceptable)					
BOYNTON BEACH FL 33437			Suite, Apt. #, Etc.						
						City		St.	ate Zip Code
10. I, being Signature of Registered	of	e registered agent of the	above named corporation in the c			th and accept the d	obligations of Sect	on 607.0505, F.S. Date	00
this rein	nstatement ap y the corporat	plication, the reason for o	eceiver or trustee er dissolution has been the names of individ	mpowered to n eliminated, duals listed o	execute the corpo	rate name satisfier in do not qualify for	s the requirements r an exemption un-	apter 607 or 617, F.S. I furth of section 607.0401 or 617 der section 119.07(3)(i), F.S	ner certify that when filing 7.0401, F.S., that all fees S. The information indicated

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING/OFFICER OR DIRECTOR WINSBERG 10/12/00 Date