

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
 Secretary of State
 DIVISION OF CORPORATIONS

FILED

98 OCT -2 AM 11:45
 SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

DOCUMENT # 490443

1. Corporation Name
GEORGE H. GREENE REAL ESTATE, INC.

Principal Place of Business Mailing Address
20 WESTMINISTER STREET SAME
PALM COAST, FLA
32164

REINSTATEMENT 97-98

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

2. New Principal Office Address, If Applicable SAME AS ABOVE Suite, Apt. #, etc.		3. New Mailing Office Address, If Applicable SAME AS ABOVE Suite, Apt. #, etc.		4. Date Incorporated or Qualified To Do Business in Florida 12/5/75	
5. FEI Number 59-1715364		Applied For Not Applicable			
City & State		City & State		6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$8.75 Additional Fee required for a Certificate of Status	
Zip	Country	Zip	Country		

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

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
PRES.	GEORGE H. GREENE	20 WESTMINISTER STREET	PALM COAST, FLA 32164
SECRETARY	ANGELA DANIELS	" " "	" " " "
			700002659387-4 -10/08/98-01073-015 *****8.75 *****8.75
			700002659387-3 -10/08/98-01073-016 *****900.00 *****900.00

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

Name **ANGELA DANIELS**
 Street Address (P.O. Box Number is Not Acceptable)
20 WESTMINISTER STREET
 Suite, Apt. #, Etc.
 City **PALM COAST** State **FL** Zip Code **32164**

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 *Angela M Daniels*
 REGISTERED AGENT MUST SIGN

Date **9/17/98**

11. This corporation owes or has paid the current year Intangible Personal Property tax due June 30. Yes No

(See other side for information on intangible tax.)

12. 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., 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
GEORGE H. GREENE

9/1/98 (404) 893-4200 (Ext 23)
 Date Daytime Phone #

CR2EAO (1/98)