PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

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API	PLICATION		FLORIDA		RTMEN a E. Ho	T OF STATE						
BEIN	FOR STATEMENT			Secreta	ary.of St	tate [1]	ED					
				VISION OF	CORPOR	ATIONS	AM 8:5	8				
DOCU		01000	00501	13		O3 OCT 3	RY OF STA	TE RIDA		, market	. •	
GREEN	STRIPE, INC.					SECRE IN	SEE, FLO	TEWEN	IT 1s	,		
Principal Pi	lace of Business		Mailing Addr	ess				'		(a) (a) (b)		
3525 S. LAWRENCE ST 3525 S. LAWR PHILADELPHIA PA 19148 PHILADELPHIA								300024335453 10/31/0301068018 **158.75				
If above a	addresses are incorrect in any	y way, line thro	ugh incorrect in	nformation e	and enter c	orrection below.	10/31/	U3U1U68	-U18 **13	აშ. 75 		
New Principal Office Address, If Applicable					ing Office Address, If Applicable			Date Incorporated or Qualified To Do Business in Florida 09/25/2001				
Suite, Apt.		Suite, Apt. #,							Applied For	┥		
City & State	ADELPHIA	PA	City & State PHILA	อเรเล	HIA.	PA		23-2578793		Not Applicable		
Zip	Country Country	_ / / -	Zip 1911		Country		6. CERTIFICATE	OF STATUS DESIRED	\$8.75 Additi	onal Fee require ficate of Status	ed	
7. Names a	and Street Addresses of Eac		r Director (Flo	rida nonpro		·		· · · · · · · · · · · · · · · · · · ·			\exists	
Title(s) 1	Title(s) Name of Officers and/or Directors 2			Street Address of Each Officer and/or Director			•	4	City / State / Zip		╛	
PST	PROCACCI, JOSEPH				3333 SOUTH FRONT STREET			PHILADELPHIA P	A 19148			
VD HALEY, VINCENT P					1600 MARKET STREET			PHILADELPHIA PA 19100				
V MEADE ROB			3333	JOUTH	FRUNT 5	FILE LINGS CO. T.				4		
D	DIPIAZZA, CARL D WELLS TRACY			3333 SOUTH FRONT STREET			STREET	PHILADELPHIA P		19148	-	
D HALFY, VINCENT P.				1600	MAR	KET SIRE	PHILADELPHEA, PA 19103				,	
								-			1	
8. Name and Address of Current Registered Agent					nt			9. Name and Address of New Registered Agent				
Name							(SPZ)					
C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD					Street Address (P.C			O. Box Number is Not Acceptable)				
PLANTATION FL 33324					Suite, Apt. #, Etc.					 -	78	
					City				State Zip Co	de	7	
10. I, being	appointed the registered ag	ent of the abov	e named corpo	ration, am 1	familiar wit	h and accept the o	bilgations of Section	on 607.0505, F.S. or			1	
			1 . 1	MA	RGAF	RET E. RO	UTZAHN					
Signature o Registered	Agent Margar	AE 16	auto	ENT MUST	Specia	I Assistant Sec		Date	10/20/03	<u>, </u>		
this rein owed by	that I am an officer or direct istatement application, the re y the corporation have been application is true and accure	eason for dissol paid and the n	er or trustee en ution has been ames of individ	npowered to eliminated, uals listed o	o execute t the corpor on this form	rate name satisfies n do not qualify for	the requirements an exemption und	of section 607.0401	or 617.0401, F.S.,	that all fees	-	
010111	J. 1.	<u> </u>	101-				y	0/24/03.	215- ·			
SIGNAT	SIGNATURE AND	TYPED OR PRIN	TED NAME OF	SIGNING OFF	FICER OR D	RECTOR	·	Date	Daytime Pho	ne #		

0122961 AB

GreenStripe Inc.

NORTH AMERICA 3525 S. Lawrence St. Philadelphia, PA 19148 Tel. 215.468.2200 Fax 215.468.1127



October 24, 2003

Department of State Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

RE:

Green Stripe, Inc.

Document # F0100005013 Application for Reinstatement

Dear Division Representative:

Enclosed is an Application for Reinstatement for Green Stripe, Inc., along with a check in the amount of \$150 for payment of the Annual Report and Corporate Supplemental fees plus \$8.75 for a certificate of status. With this application and payment, we request that the \$600 reinstatement fee be waived. The corporation did not receive an annual report form from the state for the year in question, and was therefore unable to timely submit the report.

We trust that the corporation will be reinstated as requested. In the event further information is required concerning this matter, please feel free to contact me directly.

Very truly yours,

Tracy Well's Vice President

Enc.