			PLEASE READ	ALL INST	RUCT	IONS BEFC	RE COMPL	LETING T	HIS FO	РМ.		
SECRETARY OF STATE TALLAHASSEE, FLORIDA SECRETARY OF STATE TALLAHASSEE, FLORIDA FLORIDA SUPREME GREENS, INC. 2. Principal Office Address P O Box 968 Suite, Apt. #, etc. Suite, Apt. #, etc. City & State Crescent City, F1 Crescent City, F1 Zp Country 32112 USA 32112 USA 32112 USA 32112 The many of Current Registered Agent Street Address (P.O. Box Number in Not Acceptable) 610 Old Highway 17 Suite, Apt. #, etc. Signature of Registered Agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505 or 617.0503, F.S. Signature of Registered Agent Registered Agent P. Name and Street Addressee of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors) Titles Name of Officers and/or Directors Officers and/or Directo	CORPORATION Katherine Harris REINSTATEMENT Secretary of State											
POBox 968 Suite, Apt. #, etc. Suite, Apt. #, etc. Suite, Apt. #, etc. City & State Crescent City, F1 Crescent City, F1 Zip Zip Zip Zip Zip Zip Zip Zi	1. Corpora	ration Name		IS, INC.	,			SEC	CRETARY	Y OF STAT	TF	
Suite, Apt. #, etc. Suite, Apt. #, etc.	2. Princip	al Office Addr	ess	3. Mailing C	Office Addre	ess						
City & State Crescent City, F1 Country 32112 USA State Country 32112 USA State Country 32112 To Do Business in Florida 03/04/1983 S. FEI Number 59-2282897 Not Applicable G. CERTIFICATE OF STATUS DESIRED 38,75 Additional Fee require for a Certificate of Status F1 Street Address (P.O. Box Number is Not Acceptable) 610 Old Highway 17 Suite, Apt. #. Etc. City Crescent City State City Crescent City State City Crescent City State Date 02/02/01 REGISTERE AGENT MUST SIGN 9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors) Titles Officers and/or Directors D/S John R Newbold, Jr. 566 Old Highway 17 Crescent Citty, F1 32112 D/P John R. Newbold, Jr. 566 Old Highway 17 Crescent City, F1 32112	} -		8	 		968						·
Crescent City, F1 Zip Zip Zip Zip Zip Zin Country Zin Co					etc.			To Do Double and to Florida				
2ip 32112 USA 2ip 32112 USA 6. CERTIFICATE OF STATUS DESIRED 8.7. Name and Address of Current Registered Agent 7. Name and Address of Current Registered Agent Name John R Newbold, III Street Address (P.O. Box Number is Not Acceptable) 610 Old Highway 17 Suite. Apt # Etc. City Crescent City 8. I. being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S. Signature of Registered Agent REGISTERED AGENT MUST SIGN 9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors) Titles Officer and/or Director D/S John R Newbold, III 610 Old Highway 17 Crescent City, F1 32112 D/P John R. Newbold, Jr. 566 Old Highway 17 Crescent City, F1 32112			: ቀ ሆነ	1							Appli	lied For
32112 USA 32112 USA CERTIFICATE OF STATUS DESIRED SAGDILIONAL FER STATUS DESIRED STANDARD Additional Fee require for a Certificate of Status. 7. Name and Address of Current Registered Agent Street Address (P.O. Box Number is Not Acceptable) 610 Old Highway 17 Suite, Apt. #, Etc. City Crescent City 8. I. being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S. Signature of Registered Agent Registered Agent Name of Officer and/or Director (Florida nonprofit corporations must list at least 3 directors) Titles Officer and/or Directors Officer and/or Director D/S John R Newbold, III 610 Old Highway 17 Crescent City, F1 32112 D/P John R. Newbold, Jr. 566 Old Highway 17 Crescent City, F1 32112		ient o.			сепь			3-228285	} /			
Name John R Newbold, III 104 105 104 105	32112	2	\ '	32112		1	CERTIF	FICATE OF STATU	S DESIRED			
Crescent City 8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S. Signature of Registered Agent Pate O2/02/01 Pate O2/02/01 Pate O2/02/01 Street Address of Each Officer and/or Directors Officer and/or Directors Officer and/or Director Officer and/or Director Officer and/or Director O/S John R Newbold, III 610 Old Highway 17 Crescent City, Fl 32112 D/P John R. Newbold, Jr. 566 Old Highway 17 Crescent Citty, Fl 32112		Street Add 61 Suite, Apt.	dress (P.O. Box Number is No 10 Old Highway 1. #, Etc.	Registered Agent	State	02/03/0 *****300 Zip Code).00 ***) 1					
Signature of Registered Agent MIRR. TWING REGISTERED AGENT MUST SIGN 9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors) Titles Officers and/or Directors Street Address of Each Officer and/or Director Officer and/or Director City / State / Zip D/S John R Newbold, III 610 Old Highway 17 Crescent City, Fl 32112 D/P John R. Newbold, Jr. 566 Old Highway 17 Crescent City, Fl 3211			rescent City									
Titles Name of Officers and/or Directors Street Address of Each Officer and/or Director City / State / Zip D/S John R Newbold, III 610 Old Highway 17 Crescent City, Fl 32112 D/P John R. Newbold, Jr. 566 Old Highway 17 Crescent Citty, Fl 3211	Signature o		1	e named corpor	<u> </u>		pt the obligations of					
D/S John R Newbold, III 610 Old Highway 17 Crescent City, Fl 32112 D/P John R. Newbold, Jr. 566 Old Highway 17 Crescent City, Fl 3211	9. Names	and Street A	ddresses of Each Officer and	/or Director (Flo	rida nonpro	ofit corporations must	t list at least 3 directo	us)				
D/P John R. Newbold, Jr. 566 Old Highway 17 Crescent Citty, Fl 3211	Titles								City / State / Zip			
	D/S	John I	John R Newbold, III			610 Old Highway 17			scent	City,	F1 .	32112
D/T Linda T. Austin 100 S Tremain St Unit H-3 Mt. Dora, Fl. 32757	D/b	John R. Newbold, Jr.			566 C	566 Old Highway 17			scent	Citty,	<u>F1</u>	3211
	i	1		J	1			[

10. 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 THE OF PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

02/02/01 904-698-1074

Daytime Phone #

CR2E081 (9