## PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY FLORIDA DEPARTMENT OF STATE		FILED
COMPANY REINSTATEMENT	Secretary of State DIVISION OF CORPORATIONS	07'MAY 22 AM 10: 39
DOCUMENT # LO 00012653  1. Limited Liability Company's Name		SECRETARY OF STATE TALLAHASSEE, FLORIDA
PREEN ENTERPRISES GROUP, LLC		800102999668 05/22/0701001023 **425.00 cr25041 (1/07)
2. Principal Office Address - No P.O. Box #  6013 SABAL BROOK WAY  6093 SABAL BROOK WAY		
Suite, Apt. #, etc.	Suite, Apt. #, etc.	FLOXIDA USA
City & State	City®State	5. Date Organized or Qualified To Do Business in Florida July 31, 2001
PORT DRANGE, FL	PORT CRANGE TI	6. FEI Number Applied For Not Applicable
30108 Country VOLUSIA	33128 Country VOLUSIA	7. CERTIFICATE OF STATUS DESIRED 55.00 Additional Fee required for a Certificate of Status
8. Name and Address of Current Registered Agent		
Name GAIL GLEEN		A \$100 reinstatement fee is imposed, except in circumstances which the entity did not
Street Address (P.O. Box Number is Not Acceptable)		receive the prior notices. By checking this box, you are certifying the prior notices were
Suite, Apt. #, Etc.		not received and requesting the \$100
City PORT DRANGE	State FL 32/28	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 Date 5.4.07  REGISTERED AGENT MUST SIGN		
10. Names and Street Addresses of Managing Members/Managers		
Titles Name of Managing Members/ Manag	Street Address of Each Managing Member/Mana	
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REINSTATEMEN  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 Suit Sillon Date 5.4.07 Daytime Phone#		
Typed or printed name of signing Managing Member/Manager		