LIMITED LIABILITY COMPANY REINSTATEMENT	FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

08 OCT 15 AM 10: 54

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DOCUMENT # L02000013251 🖪

1. Limited Liability Company's Name

GREENE H20, L.L.C. 🖪

CR2E041 (10/08)

2. Principal Office Address - No P.O. Box #	**3.** Mailing Office Address
26 ISLAND ROAD	26 ISLAND ROAD
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State STUART, FLORIDA	City & State STUART, FLORIDA

Zip	Country	Zip	Country
34996	USA	34996	USA

4. State/Country of Formation
FLORIDA

5. Date Organized or Qualified To Do Business in Florida   05-22-02

6. FEI Number — ☐ Applied For   ✔ Not Applicable

7. CERTIFICATE OF STATUS DESIRED ☐ $5.00 Additional Fee required for a Certificate of Status

8. Name and Address of Current Registered Agent

Name
ROBERT D GREENE

Street Address (P.O. Box Number is Not Acceptable)
26 ISLAND ROAD

Suite, Apt. #, Etc.

City	State	Zip Code
STUART	FL	34996

☐ A $100 reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the $100 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 10/08/2008

REGISTERED AGENT MUST SIGN

10. Names and Street Addresses of Managing Members/Managers

Titles	Name of Managing Members/Managers	Street Address of Each Managing Member/Manager	City / State / Zip
MGRM	ROBERT D GREENE	26 ISLAND ROAD	STUART, FLORIDA 34996
		REINSTATEMENT 10-08	

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 _____   Date 10/08/2008   Daytime Phone # 772-285-6460

Typed or printed name of signing Managing Member/Manager _____