

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

06 DEC 29 AM 8:04

LIMITED LIABILITY
COMPANY
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # L03000048483

1. Limited Liability Company's Name
Verde Classics, LLC

2. Principal Office Address
3539 High Ridge Road

3. Mailing Office Address
3539 High Ridge Road

Suite, Apt. #, etc.
Unit 11

Suite, Apt. #, etc.
Unit 11

City & State
Boynton Beach, FL

City & State
Boynton Beach, FL

Zip
33426

Country
USA

Zip
33426

Country
USA

4. State/Country of Formation
Florida USA

5. Date Organized or Qualified
To Do Business in Florida 12-1-03

6. FEI Number
201062461

Applied For
Not Applicable

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

CR2E041 (8/05)

8. Name and Address of Current Registered Agent

Name
Ronald Green

Street Address (P.O. Box Number is Not Acceptable)
3360 South Ocean Blvd

Suite, Apt. #, Etc.
5B North

City
Palm Beach, FL 33480

State
FL

Zip Code

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

[Signature]

Date 1/4/07

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	Ronald Green	3360 S. Ocean Blvd. 5B North	Palm Beach, FL 33480
			200083411232 01705/07--01047--002 **155.00
			2006

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

[Signature]

Date 1/4/07

Daytime Phone # 561 547 8525

Typed or printed name of signing Managing Member/Manager

Ronald Green