


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM FILED

2022 APR 28 PM 6:38

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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04/28/22--01019--011 \*\*1373.75

CR2ED41 (1/14)

<b>LIMITED LIABILITY COMPANY REINSTATEMENT</b>		FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # L06000049210

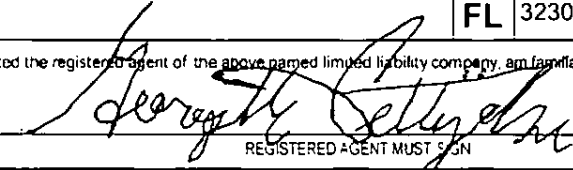
1. Limited Liability Company's Name  
GREENSPACE, LLC

2. Principal Office Address - No P.O. Box # 1564 Marion Avenue		3. Mailing Office Address 1564 Marion Avenue	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State Tallahassee, FL		City & State Tallahassee, FL	
Zip 32303	Country	Zip 32303	Country

4. State/Country of Formation FLORIDA	
5. Date Organized or Qualified To Do Business in Florida 05/12/2006	
6. FEI Number	Applied For <input type="checkbox"/> Not Applicable
7. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$5.00 Additional Fee required for a certificate of status	

8. Name and Address of Current Registered Agent			
Name Georgette A. Pettijohn			
Street Address (P.O. Box Number is Not Acceptable) Suite 1564 Marion Avenue			
Apt. #, Etc.			
City Tallahassee	State FL	Zip Code 32303	

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9. I, being appointed the registered agent of the above named limited liability company, am familiar with and accept the obligations of Chapter 605, F.S.	
Signature of Registered Agent 	Date 4/26/22

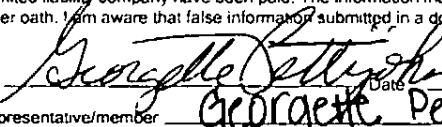
10. Names and Street Addresses of Authorized Representatives/Managers			
Titles	Name of Authorized Representatives/Managers	Street Address of Each Authorized Representative/Manager	City / State / Zip
MGR	Georgette A. Pettijohn	1564 Marion Ave.	Tallahassee, FL 32303
MGR	George J. St. Pierre, IV	1310 Diamond St.	Tallahassee, FL 32301

JUN 21 2022

S. PRATHER

11. E-mail Address
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(To be used for future annual report notifications)

12. I certify that I am an authorized representative/manager or the receiver or trustee empowered to execute this application as provided for in Chapter 605, 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 requirement of section 605.0012, 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. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s. 817.155, F.S.	
Signature of authorized representative/member 	Date 4/26/22 Daytime Phone # 850-339-6695
Typed or printed name of signing authorized representative/member Georgette Pettijohn	