

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY
COMPANY
REINSTATEMENT

2012-2014



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

14 JUL 23 AM 8:32

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # L10000028409

1. Limited Liability Company's Name

GREENCORE ~~REINSTATEMENT~~ SOLUTIONS, LLC

CR2E041 (1/14)

2. Principal Office Address - No P.O. Box #

1439 AVONDALE WAY

Suite, Apt. #, etc.

3. Mailing Office Address

Suite, Apt. #, etc.

City & State

TALLAHASSEE, FLORIDA

City & State

Zip

32317

Country

Zip

Country

4. State/Country of Formation

FL / USA

5. Date Organized or Qualified
To Do Business in Florida

6. FEI Number

80-0562302

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

JAMES N. DOUGLAS

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

1439 AVONDALE WAY

Suite, Apt. #, Etc.

City

TALLAHASSEE

State

FL

Zip Code

32317

900262604079
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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

James N. Douglas

REGISTERED AGENT MUST SIGN

Date 7/23/14

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
AMOR	JAMES N. DOUGLAS	1439 AVONDALE WAY	TALLAHASSEE, FL, 32317

11. E-mail Address GREENCORE.LLC@GMAIL.COM

(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 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 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 to the Department of State constitutes a third degree felony as provided in s. 817.155, F.S.

Signature of

Authorized Representative/Manager

James N. Douglas

Date 7/23/14

Daytime Phone # 850-491-0731

Typed or printed name of signing Authorized Representative/Manager