PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETINGTHIS FORM

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
18 MAY -8 AM 11:01

LIMITED LIABILITY COMPANY REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # L16000024750

04/10/18--01021--002 **243.75

400313172824
05/08/18--01015--005 **136.75

CR2E041 (1/14)

1. Limited Liability Company's Name

Green Holding LLC

2. Principal Office Address - No P.O. Box #	3. Mailing Office Address
1505 Running Oak Lane	576 Gardenia St
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Royal Palm Beach, FL	City & State: West Hempstead, NY
Zip: 33411 Country: USA	Zip: 11552 Country: USA

4. State/Country of Formation: Florida

5. Date Organized or Qualified To Do Business in Florida: 02/04/2016

6. FEI Number: 81-2310637 ☐ 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: Ruth V Benitez

Street Address (P.O. Box Number is Not Acceptable) Suite: 220 Meander Circle

Apt. #, Etc.:

City: Royal Palm Beach | State: FL | Zip Code: 33411

REINSTATEMENT
2017-2018

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: 4/4/18
REGISTERED AGENT MUST SIGN

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
CEO	Rachel Leah Greenwald	576 Gardenia St/AR	West Hempstead NY 11552
consultant	Philip Lippman	576 Gardenia St/AR	west Hempstead, NY 11552
consultant	Ruth Benitez	220 Meander Circle/MGR	Royal Palm Beach, FL 334

11. E-mail Address: plippman2012@yahoo.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 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: 4-4-17 Daytime Phone #: 718-685-6169

Typed or printed name of signing authorized representative/member: Rachel Leah Greenwald