PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPROVED AND FILED

06 MAY -4 AM 10:10

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

600075377686
05/26/06--01047--012 **158.75
600075377686
05/26/06--01047--011 **758.75

REINSTATEMENT 05-06

CR2E081 (12/05)

DOCUMENT # L51485

1. Corporation Name

THE NEW GREEN FROG ENTERPRISES INC

2. Principal Office Address	3. Mailing Office Address
1216 SANTA ROSA BLVD	PO BOX 932
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: FT WALTON BEACH, FL	City & State: FT WALTON BEACH, FL
Zip: 32548 Country: OKALOOSA	Zip: 32548 Country: OKALOOSA

4. Date Incorporated or Qualified To Do Business In Florida: 2/15/90

5. FEI Number: 59-3022186 ☐ Applied For ☐ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒ $8.75 Additional Fee required for a Certificate of Status

7. Name and Address of Current Registered Agent

Name: EVANGELINE L POTTS

Street Address (P.O. Box Number Is Not Acceptable): 305 YACHT CLUB AVE NE

Suite, Apt. #, Etc.:

City: FT WALTON BEACH | State: FL | Zip Code: 32548

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.

Signature of Registered Agent _____ Date _____

REGISTERED AGENT MUST SIGN

9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
PID	EVANGELINE L POTTS	305 YACHT CLUB AVE	FT WALTON BEACH, FL 32548

10. I certify that I am an officer or director or the receiver or trustee empowered to execute this application as provided for in chapter 607 or 617, F.S. I further certify that when filing this reinstatement application, the reason for dissolution has been eliminated, the corporate name satisfies the requirements of section 607.0401 or 617.0401, F.S., that all fees owed by the corporation have been paid and the names of individuals listed on this form do not qualify for an exemption contained in Chapter 119, F.S. 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: Evangeline L. Potts 5/1/06 (850) 243-1603

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

EVANGELINE L POTTS

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