

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

2003-2004

FILED

04 MAY 21 PM 5:03

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # L99000004151

1. Limited Liability Company's Name

GREENTECH PANELS LLC

100036995001
05/21/04--01033--003 **205.00

2. Principal Office Address

6262 S.W. 50th Terrace

Suite, Apt. #, etc.

City & State

Miami

FL

Zip

33155

Country

United States

3. Mailing Office Address

6262 S.W. 50th Terrace

Suite, Apt. #, etc.

City & State

Miami

FL

Zip

33155

Country

United States

4. State/Country of Formation

Florida

5. Date Organized or Qualified
To Do Business in Florida

7/12/99

6. FEI Number

650932867

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

C T Corporation System

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

1200 South Pine Island Road

Suite, Apt. #, Etc.

City

Plantation

State

FL

Zip Code

33324

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

Michael E. Jones
Assistant Secretary

Date 5/20/04

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
Mgr.	John M. Moore	6262 S.W. 50th Terrace	Miami, FL 33155
Mgr.	William M. House	555 13th Street N.W.	Washington, DC 20004

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

Date 5/20/04

Daytime Phone# 305/668-8791

Typed or printed name of signing Managing Member/Manager

John M. Moore

CR2E041 (10/02)