

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY  
COMPANY  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE

**Katherine Harris**  
Secretary of State

DIVISION OF CORPORATIONS

**FILED**

01 NOV -8 PM 12:17

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**DOCUMENT #** MP9000001822

**1. Limited Liability Company's Name**

Greene Tree Enterprises LLC

**2. Principal Office Address**

1330 DONNA MARIE DRIVE

Suite, Apt. #, etc.

City & State

WEST MELBOURNE, FL

Zip

32904

Country

USA

**3. Mailing Office Address**

Same

Suite, Apt. #, etc.

City & State

**4. State/Country of Formation**

DELAWARE, U.S.A

**5. Date Organized or Qualified  
To Do Business in Florida**

8/3/99

**6. FEI Number**

59-352 3815

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

ROBERT T. GREENE

100004689831-7

-11/20/01--01073--004

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

1330 DONNA MARIE DRIVE

\*\*\*155.00 \*\*\*155.00

Suite, Apt. #, Etc.

City

WEST MELBOURNE

State

FL

Zip Code

32904

**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

Robert T. Greene

REGISTERED AGENT MUST SIGN

Date 11/3/01

**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
<u>Partner</u> <u>CFO</u>	<u>ROBERT T. GREENE</u>	<u>1330 DONNA-MARIE DRIVE</u>	<u>WEST MELBOURNE, FL 32904</u>
<u>MANAGING</u> <u>PARTNER</u>	<u>MARK T. GREENE</u>	<u>3862 4<sup>th</sup> AVE. W.D.</u>	<u>ST. PETERSBURG, FL 33713</u>

**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

Robert T. Greene

Date 11/03/01

Daytime Phone # (321) 729-2377

Typed or printed name of signing Managing Member/Manager

ROBERT T. GREENE

CR2041 (9/01)