

2004 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

04 DEC 15 AM 8:00

DOCUMENT # N00000000449

1. Entity Name
GREEN EARTH JOURNAL, INC.



Principal Place of Business
116 S. LAKE FLORENCE DRIVE
WINTER HAVEN, FL 33884

Mailing Address
116 S. LAKE FLORENCE DRIVE
WINTER HAVEN, FL 33884

REINSTATEMENT 04



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

10282004 REIN-NP

CR2E099 (6/04)

City & State

City & State

4. FEI Number
65-1022625

Applied For
Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

PERRY, JOHN
116 S. LAKE FLORENCE DRIVE
WINTER HAVEN, FL 33884

Name

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

City

FL

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$236.25
After January 1, 2005, Fee will be \$297.50

Make check payable to
Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE PST ☐ Delete
NAME PERRY, JOHN
STREET ADDRESS 116 S. LAKE FLORENCE DR
CITY-ST-ZIP WINTER HAVEN, FL 33884

TITLE D ☐ Delete
NAME PERRY, DOTTIE
STREET ADDRESS 116 S. LAKE FLORENCE DR
CITY-ST-ZIP WINTER HAVEN, FL 33884

TITLE D ☐ Delete
NAME SELSER, RACHELLE
STREET ADDRESS 2198 AUTUMN LEAF LANE
CITY-ST-ZIP WINTER HAVEN, FL 33884

TITLE D ☐ Delete
NAME CONNORS, ROBERT
STREET ADDRESS 3311 HARBOR BEACH DR
CITY-ST-ZIP LAKE WALES, FL 33853

TITLE D ☐ Delete
NAME BOURGUIEN, RAE
STREET ADDRESS 3602 TIGEREYE CT
CITY-ST-ZIP MULBERRY, FL 33860

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Change ☐ Addition
NAME 100043429851
STREET ADDRESS 12/15/04--01032--008 **236.25
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

12-8-04 863-324-7459