PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
13 JAN 31 PM 2:27
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N08000010657

1. Corporation Name
GREEN MINISTRIES INTERNATIONAL, INC.

2. Principal Office Address - No P.O. Box #	3. Mailing Office Address
2626 THOMAS STREET	2626 THOMAS STREET
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: HOLLYWOOD, FLORIDA	City & State: Hollywood, FLORIDA
Zip: 33020 Country: USA	Zip: 33020 Country: USA

REINSTATEMENT 09-13
CR2E081 (11/10)

4. Date Incorporated or Qualified To Do Business in Florida: 10/30/2008

5. FEI Number: 26-3811127 — Applied For / Not Applicable

6. CERTIFICATE OF STATUS DESIRED: YES — $5.00 Additional Fee Required for a Certificate of Status

7. Name and Address of Current Registered Agent

Name: DR. ADRIAN M. GREEN
Street Address (P.O. Box Number is Not Acceptable): 2626 THOMAS STREET
Suite, Apt. #, Etc.:
City: Hollywood State: FL Zip Code: 33020

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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: Adrian M. Green Date: 1/19/13
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
P	DR. ADRIAN M. GREEN	2626 THOMAS STREET	Hollywood, FL 33020
D	OMAURI MARKSMAN	1680 NE 191 STREET APT# 410	MIAMI, FL 33179
T	DELERESE GIBSON	960 NW 203RD STREET	MIAMI, FL 33169
S	BARBARA VEGA	4870 NW 56TH STREET	COCONUT CREEK, FL 33073

10. E-mail Address: GREEN MINISTRIES INTERNATIONAL@YAHOO.COM
(To be used for future annual report notification)

11. 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., and that all fees owed by the corporation have been paid. I further certify, 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: Adrian M. Green 1-19-13
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #