

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

APPROVED  
AND  
FILED

05 MAY 23 PM 2:43

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # **N49412**

1. Corporation Name

CITIZENS FOR GREENSPACE, INC.

2. Principal Office Address  
2840 Fairgreen Drive

3. Mailing Office Address  
2840 Fairgreen Drive

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State  
Miami Beach, FL

City & State  
Miami Beach, FL

Zip Country  
33140-4313 USA

Zip Country  
33140-4313 USA

4. Date Incorporated or Qualified  
To Do Business in Florida

5. FEI Number  
650372535

Applied For  
Not Applicable

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

**REINSTATEMENT**

*02-05*

**7. Name and Address of Current Registered Agent**

Name  
JORGE EXPOSITO

Street Address (P.O. Box Number is Not Acceptable)  
2123 MERIDIAN AVENUE

Suite, Apt. #, Etc.

City  
MIAMI BEACH

State Zip Code  
FL 33139-1512

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

*[Signature]*  
REGISTERED AGENT MUST SIGN

Date *4/11/05*

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
D	GROSS, JANE	2840 FAIRGREEN DR.	MIAMI BEACH, FL 33140-4313
D	MILLER, BARRY	2840 FAIRGREEN DR.	MIAMI BEACH, FL 33140-4313
D	VAISMAN, TETJE	2840 FAIRGREEN DR.	MIAMI BEACH, FL 33140-4313
D	EXPOSITO, JORGE	2840 FAIRGREEN DR.	MIAMI BEACH, FL 33140

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 under section 119.07(3)(i), 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:

*[Signature]* **Jorge K. Exposito** *4/11/05* **305-528-5315**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR25061 (01/05)