2009 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

DOCUMENT # N97000001629

1. Entity Name
POLK COUNTY GREEN PARTNERS, INC.

FILED
09 FEB -5 PM 4:07
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

REINSTATEMENT 08-09

Principal Place of Business	Mailing Address
~~400 W. BEACON RD.~~ ~~APT. # 306~~ ~~LAKELAND, FL~~ 33803	~~400 W. BEACON RD.~~ ~~APT. # 306~~ ~~LAKELAND, FL~~ 33803

2. Principal Place of Business – No P.O. Box #	3. Mailing Address
2000 S. Fla Ave	2000 S Fla Ave
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Lakeland, FL	City & State: Lakeland, FL
Zip: 33803 County: Polk	Zip: 33803 County: Polk

4. FEI Number: 59-3491925 ☐ Applied For ☐ Not Applicable

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
~~DAVIS, PALMER C~~ ~~228 S. MASSACHUSETTS AVE~~ ~~LAKELAND, FL 33801~~ Ken Ferguson 2000 S Fla Ave. Lakeland, FL 33803	Name: Ken Ferguson III Street Address (P.O. Box Number is Not Acceptable): 2000 S Fla Ave. City: Lakeland FL Zip Code: 33803

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 _____ 1/21/09
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $297.50 **Make check payable to Florida Department of State**

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TD FERGUSON, III, KEN ~~1804 S. FLORIDA AVE.~~ LAKELAND, FL 33803	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition 2000 S. Fla. Ave
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VPD STEDEM, MIKE HIGHWAY 17 NORTH FORT MEADE, FL 33841	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D FRANCISCO, STEVE 831 N. WABASH AVE LAKELAND, FL 33815	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition 900142295549 01/28/09--01027--012 **236.25
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D FONES, JIMMY 3939 US HIGHWAY 98 SOUTH LAKELAND, FL 33813	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition 02/05/09--01039--001 **61.25
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD LIEBERMAN, ARTHUR 980 S. KISSINGEN BARTOW, FL 33830	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition M2/5
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☒ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: _____ Treasurer 1/21/09
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

Ken Ferguson