FILED

2004 FOR PROFIT CORPORATION REINSTATEMENT

SIGNATURE:

DOCUMENT # P0000070475 1. Entity Name GREEN LINE UNLIMITED INC.					04 NOV -5 AM 10: 38 SECRETARY OF STATE TALLAHASSEE. FLORIDA				
Principal Place		Mailing Address 9025 HARDING AVE.			TAL	LAHASSEE. F	LORIDA		\$10,00
STE 4	NO AVE.	STE 4			18/22/04 D1040 021 15000				
SURFSIDE, FL 33154		SURFSIDE, FL 33154							
2. Principal Place of Business 1340 NE 200 TERRACE		3. Mailing Address 1340NE ZOO TERRACE							
Suite, Apt.		Suite, Apt. #, etc.			10272004	REIN-P	CR2E098	5 (6/04)	
City & State	MIAHI BEACH FL	City & State NORTH HIAMI BEACH, FL			4. FEI Number Applied For S2-2255874 Not Applicable				
- ろるし	79 Country 1).S.A.		Country U-S-A) .	5. Certificate of Status Desired S8.75 Additional Fee Required				
	6. Name and Address of Current F	Registered Agent			7. Name and	Address of New R	egistered Age	nt	
DADOCDA	CARLOS A	PREF	2A CA	PLOS	Λ .				
BARRERA, CARLOS A 9064 COLLINS AVE APT. 11 SURFSIDE, FL 33154-3258						er is Not Acceptable	TERRI	1 <i>CC</i>	
	• • • • • • • • • • • • • • • • • • • •		City 1		i			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 the if applicable. (NOTE: Registered Agent signature required when reinstating) OATE									
<u></u>	Section 1990 of participation of the section of the	approache, (Figure 1	Brace of Affair arite		wa wreat perinaging	,	DATE.		
	E NOW!!! FEE IS \$750.00 !uary 1, 2005, Fee will be \$900.0	0							
10.	OFFICERS AND I	DIRECTORS	11.		ADDITIONS	CHANGES TO OFF	ICERS AND DI	RECTORS	IN 11
TITLE	PD	☐ Defete	TITLE	73.1	LPDED	A CAPLO	s A E	Change	Addition
NAME Street Address	BARRERA, CARLOS A 9064 COLLINS AVE APT. 11		NAME STREET ADDRESS	דעני	TPROCE		naco L	DRHA H	(H) B
City-St-Zip	SURFSIDE, FL 331543258		CITY-ST-ZIP	134	10NE	200 TERI	EL 3	317	9
TITLE	VP .	☐ Delete	TITLE					1 Change	Addition
NAME	CARTES, MARIA A		NAME	CA	KTES 1	PAREA AN	GEHCA	۲	
STREET ADDRESS CITY-ST-ZIP	9064 COLLINS AVE APT. 11 SURFSIDE, FL 331543258		STREET ADDRESS CITY-ST-ZIP	1340	DNEZ	DO TERRA	F 2:	3179	
TITLE		☐ Delete	TITLE	IVC	CHA TUAT	u Beach,		Change	Addition
NAME			NAME				-		
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STREET ADDRESS CITY-ST-ZIP			STREET ADDRESS	- 1 h	ATRI	ENEN	, 12 exercises	<u> </u>	
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NAME '			NAME			,		. •	
STREET ADDRESS CITY+ST-ZIP			STREET ADDRESS CITY-ST-ZIP						
TITLE		☐ Delete	TITLE] Change	Addition
NAME STREET ADDRESS			NAME Street Address				•		•
CITY-ST-ZIP			CITY-ST-ZIP						·
12. I hereby certify that the information supplied with this filling 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 607, 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.									
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SECRETARY OF STATE FALLAHASSEE, FLORIDA

MR:

Andy Dunlap:

We were affected by the hurricane that was the reason because we couldn't sent on time

OUR fee.

We keep vegetables in a cooler with the hurricaine the light went off and we lost everything in there

Now we need your help waiving us the fee for this time please we apreciate your attention in this matter

thank you very much

SINCERELY Us Augelia Coests MARIA ANGELICA CARTES

Green Line Unlimited Inc. 1340 NE 200Terr. N. Miami, Fl. 33179

(305) 653-9095