

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

03 DEC 23 PM 3:32

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P01000019275**

1. Corporation Name

GREENSIDE DUBSDREAD, INC.

Handwritten initials

REINSTATEMENT 2003

100025695301

12/23/03--01002--030 **750.00

2. Principal Office Address
549 WEST PAR STREET

3. Mailing Office Address
549 WEST PAR STREET

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State
ORLANDO, FLORIDA

City & State
ORLANDO, FLORIDA

Zip
32804

Country

Zip
32804

Country

4. Date Incorporated or Qualified
To Do Business in Florida

5. FEI Number

Applied For

59-3708285

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

NEUKAMM, MICHAEL E.

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

301 EAST PINE STREET

Suite, Apt. #, Etc.

SUITE 1400

City

ORLANDO

State
FL

Zip Code
32804

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

Handwritten signature of Michael E. Neukamm

REGISTERED AGENT MUST SIGN

Date **12-18-03**

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,P	PATRICK V. CASEY	549 WEST PAR STREET	ORLANDO, FL 32804
D,T,S	SAMUEL S. GUNTER	549 WEST PAR STREET	ORLANDO, FL 32804
D,VP	DAVID HARMAN	549 WEST PAR STREET	ORLANDO, FL 32804

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:

Handwritten signature of Samuel S. Gunter

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

407-650-0100

Date

Daytime Phone #

CR2E081 (10/02)