PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

2008 MAR 14 AM 9:17

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P01000046029

700121198747
03/25/08--01022--007 **450.00

CR2E081 (12/07)

1. Corporation Name
SHARE THE GREEN INC.

2. Principal Office Address - No P.O. Box #
17190 SW 216 St.
Suite, Apt. #, etc.
Miami, Fl
City & State
Zip 33187 County USA

3. Mailing Office Address
104 Pond Terrace Lane
Suite, Apt. #, etc.
City & State
Simpsonville, SC
Zip 29681 Country USA

4. Date Incorporated or Qualified To Do Business in Florida 05/08/01

5. FEI Number 65-1101333 ☐ Applied For ☐ 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: Bernardo Acosta
Street Address (P.O. Box Number is Not Acceptable): 17190 SW 216 St
Suite, Apt. #, Etc.:
City: Miami FL 33187 State: FL Zip Code:

☒ The reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the reinstatement fee be waived. #450.00

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] Date: 03/13/08
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
Pres.	Bernardo Acosta	104 Pond Terrace Lane	Simpsonville, SC 29681
V.P.	Michelle Acosta	104 Pond Terrace Lane	Simpsonville, SC 29681

REINSTATEMENT 06-08

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 contained in Chapter 119, 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: Bernardo Acosta 03/13/08 305-796-0821
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #