

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

04 MAY -3 AM 8:27

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

REINSTATEMENT

DOCUMENT # P01000089187

1. Corporation Name

Greer Management, Inc.

2. Principal Office Address

1637 Passion Vine Circle

Suite, Apt. #, etc.

City & State

Weston, FL

Zip

33326

Country

U.S.

3. Mailing Office Address

1637 Passion Vine Circle

Suite, Apt. #, etc.

City & State

Weston, FL

Zip

33326

Country

U.S.

**4. Date Incorporated or Qualified
To Do Business in Florida** 9/11/01

5. FEI Number
65-1139116

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

William C. Greer

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

1637 Passion Vine Circle

Suite, Apt. #, Etc.

City

Weston

State
FL

Zip Code
33326

100035260911

05/03/04--01053--028 \$900.00

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**

William C. Greer

Date

4/29/04

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
D	William C. Greer	1637 Passion Vine Circle	Weston, FL 33326
D	Nancy Greer	1637 Passion Vine Circle	Weston, FL 33326

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:

William C. Greer, Pres

Date

4/29/04 954 8320074

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Daytime Phone #

CR2E081 (01/04)