## PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

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	RPORATION STATEMENT	Secreta	RTMENT OF STATE ry of State corporations		FILED 06 JUL 27 PM		
DOCUMENT # P02000028745				SECRETA TALLAHAS YE , LOKIDA			
1. Corporation Name Dr. GreenThumb, Inc.				N <sub>X</sub>	IMEEMINED . , 1	Lection Pt	
				<i>M</i> '			
		W06	- 30523		1.	12-15/-	
			0553309 Hoedtil	oad			
- 1		P-0- Box 2	0. Box 271813		CR2E081 (12/05)	MB	
Suite, Apt. #	f, etc.	Suite, Apt. #, etc.			A O 116 d		
				4. Date Incorporated To Do Business in		02	
City & State	a, FL	City & State Tampa, FL	na FI 5.			Applied For	
Zip	Country	Zip 33(1) X	Country	75-303	1929	Not Applicable	
3361		336881 8	Country	6. CERTIFICATE OF ST		ional Fee required ificate of Status	
7. Name and Address of Current Registered Agent							
Name							
Lance McCullers Street Address (P.O. Box Number is Not Acceptable)							
- 0-8-N - 27-19-12 2209 1700 MT Kd						<del></del>	
	Suite, Apt. #, Etc.				<del>500078466405</del> 08/08/0601027007 **600.00		
	City			Sta			
	Tampa			F		5	
8. I, being	appointed the registered agent of the abo	ove named corporation, arr	familiar with and accept the o	bligations of section 607	.0505 or 617.0503, F.S.		
Signature of							
Registered Agent				Date			
Q Names				aget 3 directors)			
9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)  Titles  Name of  Street Address of Each							
Titles	Officers and/or Directors		Officer and/or Director		City / State / Zip		
D	Lance McCullers		4036 Priory Circle		Tampa, FL 33618		
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10. I certify	y that I am an officer or director or the rece	eiver or trustee empowered	I to execute this application as	provided for in chapter 6	07 or 617, F.S. I further certify th	nat when filing	
owed t	instatement application, the reason for dis- by the corporation have been paid and the	names of individuals listed	d on this form do not qualify for	an exemption contained	coon 607.0401 or 617.0401, F.S. I in Chapter 119, F.S. The inform	ation indicated	
on this	s application is true and accurate, and my	signature shall have the sa	-				
			1. 210 MC	Lullary	4/13/06 8132	45-1141	
SIGNA		RINTED NAME OF SIGNING	FFICER OR DIRECTOR	Date Date	Daytime Phor	ne #	



Dr. GreenThumb, Inc. Lance McCullers, President P.O. Box 271813 Tampa, Florida 33688

Department of State Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314

Re: Dr. GreenThumb, Inc.

Dear Sir or Madam:

We have enclosed a Corporation Reinstatement for the above-referenced corporation. Please note that the corporation of receive the annual report notices because the notices were sent to an incorrect address; therefore only the annual report and supplemental fees for each year to the current year are due. The Corporation was dissolved in 2003. We have enclosed a check in the amount of \$600.00 to cover the aforesaid fees.

If you have any questions, please contact us.

Very truly yours

Lance McCullers, Director Dr. GreenThumb, Inc.

Enclosures