

2006 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P02000045946 1. Entity Name GREEN GRASSHOPPER, INC.				<div style="text-align: center;"> FILED 06 SEP -7 PM 4:24 SECRETARY OF STATE TALLAHASSEE, FLORIDA </div>	
Principal Place of Business 1125 LYONTREE STREET HOLLYWOOD, FL 33019		Mailing Address 1125 LYONTREE STREET HOLLYWOOD, FL 33019			
2. Principal Place of Business 1938 N. Oakhaven Cir.		3. Mailing Address 1938 N. Oakhaven Cir.			
Suite, Apt. #, etc. 		Suite, Apt. #, etc. 			
City & State Miami, FL		City & State Miami, FL		4. FEI Number 41-2039309	
Zip 33179		Country USA		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent SCHWARTZ, SHARI 1125 LYONTREE STREET HOLLYWOOD, FL 33019				7. Name and Address of New Registered Agent Name Shari Schwartz Street Address (P.O. Box Number is Not Acceptable) 1938 N. Oakhaven Cir. City Miami FL Zip Code 33179	
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 <u><i>Shari Schwartz</i></u> <u>Shari Schwartz</u> <u>9/2/06</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
FILE NOW!!! FEE IS \$300.00			In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D SCHWARTZ, SHARI 1125 LYONTREE STREET HOLLYWOOD, FL 33019		TITLE NAME STREET ADDRESS CITY - ST - ZIP	D Shari Schwartz <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 1938 N. Oakhaven Cir. Miami, FL 33179	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition 500080038945 09/21/06--01052--019 **300.00	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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.					
SIGNATURE: <u><i>Shari Schwartz</i></u> <u>Shari Schwartz</u> <u>9/2/06</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					